

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S59138**

1. Entity Name
SHIP 'N SHORE ENTERPRISES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90317 037 ***158.75

Principal Place of Business
**3325 BRENTWOOD CT
PUNTA GORDA FL 33950
US**

Mailing Address
**3325 BRENTWOOD CT
PUNTA GORDA FL 33950
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**4300 Kings Hwy
Suite, Apt. #, etc.
B-3**

3. Mailing Address
**4300 Kings Hwy
Suite, Apt. #, etc.
B-3**

City & State
Charlotte Harbor FL

City & State
Charlotte Harbor

Zip
33980

Country
Charlotte

Zip
33980

Country
Charlotte

4. FEI Number **65-0275238**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AKERS, ROBERT
3325 BRENTWOOD CT
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name **SHERRY E. Johnson**

Street Address (P.O. Box Number is Not Acceptable)
4300 Kings Hwy B-3

City **Charlotte Harbor FL** Zip Code **33980**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **SHERRY E Johnson** *Sherry E Johnson* **4-6-01**

Signature, typed or printed name of registered agent, and the date (NOTE: Registered Agent's signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD AKERS, ROBERT 3325 BRENTWOOD COURT PUNTA GORDA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AKERS, MARILYN J. 3325 BRENTWOOD COURT PUNTA GORDA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Johnson, SHERRY 4300 Kings Hwy B-3 Charlotte Harbor, FL 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Johnson, LARRY 4300 Kings Hwy B-3 Charlotte Harbor, FL 33980	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SHERRY E. Johnson** *Sherry E Johnson* **4-6-01** **941-743-7837**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/00)