FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2001 8:00 am **DOCUMENT # \$75695** Secretary of State 1. Entity Name SHELLS, INC. 06-05-2001 90014 001 *2.850.00 Principal Place of Business Mailing Address 16313 N. DALÉ MABRY HIGHWAY 16313 N. DALE MABRY HIGHWAY SUITE 100 SUITE 100 TAMPA FL 33618 74114 TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3106541 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NELSON, WARREN R Street Address (P.O. Box Number is Not Acceptable) 1613 N DALE MABRY HWY STE 100 **TAMPA FL 33618** City Zip Code 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. <u>5.29.01</u> Surven 1416 Signature, typed or printed name of registered agent and title if applicable. FILE NOW! | FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payat le to Department of State 11. OFFICERS AND DIRECTORS CTORS IN 11 President TITLE TITLE ☐ Addition Delete ROEHL, FRANK C. III NAME NAME Head, David 16313 N DALE MABRY HWY STREET ADDRESS STREET ADDRESS 16313 North Dale Mabry, Ste.100 CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Tampa. Florida 33618 TITLE Delete TITLE :hange ☐ Addition HATTAWAY, WILLIAM E. NAME NAME STREET ADDRESS 16313 N. DALE MABRY HWY STREET ADDRESS CITY-ST-7IP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NELSON, WARREN R. NAME NAME 16313 N. DALE MABRY HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP **VP X** Change TITLE ☐ Delete ☐ Addition TITLE NAME Ritchey, John STREET ADDRESS STREET ADDRESS 16313 North Dale Mabry, Ste.100 CITY-ST-ZIP CITY-ST-ZIP Tampa. Florida 33618 TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 mind 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 is 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 is 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 is 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 is 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 is 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 is signature.

SIGNATURE: SIGNATURE AND TYPED OR PRINTEL