

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90321 047 ***150.00

0005724

DOCUMENT # V10386

1. Entity Name
THE SHORES GROUP, INC.

Principal Place of Business
2617 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

Mailing Address
2617 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

00030754



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3165183**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOSTETTLER, JAKE
2617 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **VP**
WEBER, JIM
 STREET ADDRESS **P.O. BOX 301**
 CITY-ST-ZIP **OKLAWAHA FL 32183**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
JOSEY, ROBERT
 STREET ADDRESS **P.O. BOX 60216**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
LAWRENCE, DORIS
 STREET ADDRESS **3800 IBIS DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
HOSTETTLER, JAKE
 STREET ADDRESS **2617 S. ATLANTIC AVENUE**
 CITY-ST-ZIP **DAYTONA BEACH SHORES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
JOSEY, ROBERT
 STREET ADDRESS **P.O. BOX 60216**
 CITY-ST-ZIP **JACKSONVILLE FL 32236**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
WHITE, VERNON
 STREET ADDRESS **73 KNIGHT BOX RD**
 CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 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:

Jake Hostettler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30 2001
 Date
386-761-6553
 Daytime Phone #

CR2E034 (10/00)