

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0012276 AV

**DOCUMENT # V10386**

1. Entity Name  
**THE SHORES GROUP, INC.**

04-09-2002 91169 044 \*\*\*150.00

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



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      **3-27-2002**  
Signature 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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	WEBER, JIM	
STREET ADDRESS	P.O. BOX 301	
CITY-ST-ZIP	OKLAWAHA FL 32183	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOSEY, ROBERT	
STREET ADDRESS	P.O. BOX 60216	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAWRENCE, DORIS	
STREET ADDRESS	3800 IBIS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOSTETTLER, JAKE	
STREET ADDRESS	2617 S. ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOSEY, ROBERT	
STREET ADDRESS	P.O. BOX 60216	
CITY-ST-ZIP	JACKSONVILLE FL 32236	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, VERNON	
STREET ADDRESS	73 KNIGHT BOX RD	
CITY-ST-ZIP	ORANGE PARK FL 32065	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:      **3-27-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)