2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90229 031 ***150.00

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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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3165183 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
HOSTETTLER, JAKE
2617 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEBER, JIM	NAME	
STREET ADDRESS	P.O. BOX 301	STREET ADDRESS	
CITY-ST-ZIP	OKLAWAHA FL 32183	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSEY, ROBERT	NAME	
STREET ADDRESS	P.O. BOX 60216	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, DORIS	NAME	
STREET ADDRESS	3800 IBIS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOSTETTLER, JAKE	NAME	
STREET ADDRESS	2617 S. ATLANTIC AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSEY, ROBERT	NAME	
STREET ADDRESS	P.O. BOX 60216	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32236	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WHITE, VERNON	NAME	
STREET ADDRESS	73 KNIGHT BOX RD	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-16-03 386/761-6553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #