

FILED
Feb 15, 2006 8:00 am
Secretary of State

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DOCUMENT # P02000028376						Secretary of State	
1. Entity Name STEPHANIE L. SHAW REALTY, INC.				02-15-2006 90039 028 ***150.00			
Principal Place of Business 6903 WESTCHESTER CIRCLE LAKEWOOD RANCH, FL 34202				Mailing Address 6903 WESTCHESTER CIRCLE # 100 LAKEWOOD RANCH, FL 34202			
2. Principal Place of Business				3. Mailing Address 2100 S. TAMIAHI TRAIL			
Suite, Apt. #, etc.				Suite, Apt. #, etc. #100			
City & State				City & State SARASOTA FL			
Zip		Country		Zip		Country	
				34239-3803		USA	
6. Name and Address of Current Registered Agent SHAW, STEPHANIE L 6903 WESTCHESTER CIRCLE BRADENTON, FL 34202				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				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 NAME STREET ADDRESS CITY - ST - ZIP	DPST SHAW, STEPHANIE L 6903 WESTCHESTER CIRCLE LAKEWOOD RANCH, FL 34202 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	2100 S. TAMIAHI TRAIL #100 SARASOTA FL 34239-3803 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: STEPHANIE L. SHAW				Date 2/8/06 941-544-3770			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			