

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90143 035 ***150.00

DOCUMENT # P02000028376

1. Entity Name
STEPHANIE L. SHAW REALTY, INC.



Principal Place of Business
**3600 WILLIAM PENN WAY
VENICE FL 34293**

Mailing Address
**1301 N. TAMiami TRAIL
UNIT #907
SARASOTA FL 34236**

2. Principal Place of Business

1301 N TAMiami TRAIL

3. Mailing Address

370 B GULF OF MEXICO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#422

City & State

SARASOTA FL

City & State

LONGBOAT KEY

4. FEI Number

02-0566930

Applied For

Not Applicable

Zip

34236-2402

Country

USA

Zip

34228-4047

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MIDDLEBROOKS, J. HUGH
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **STEPHANIE L SHAW**

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

370 B GULF OF MEXICO DR #422

City **LONGBOAT KEY**

FL

Zip Code

34228-4047

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

Stephanie L Shaw

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/03

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

TITLE	DPST	☐ Delete
NAME	SHAW, STEPHANIE L	
STREET ADDRESS	1301 NORTH TAMiami TRAIL #907	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	370 B GULF OF MEXICO DR #422
CITY-ST-ZIP	LONGBOAT KEY, FL 34228-4047
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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: ☒

Stephanie L Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03
Date

941-366-7667
Daytime Phone #

CR2E034 (10/02)