FILED
May 21, 2003 8:00 am
Secretary of State
05-21-2003 90191 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 232252

1. Entity Name
SHAW NURSERY AND LANDSCAPE COMPANY

Principal Place of Business	Mailing Address
7990 SW 112 ST MIAMI, FL 33156	~~7990 SW 112 ST~~ ~~MIAMI, FL 33156~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8601 SW 58 Ave. Suite, Apt. #, etc.
City & State	City & State: Miami, FL
Zip / Country	Zip: 33143 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-0898143 ☐ Applied For ☐ Not Applicable

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
SHAW,JOSEPH C 7990 SW 112 ST MIAMI, FL 33156	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's signature required when submitting) DATE

~~FILING FEE $35.00 OR~~
~~After May 1, 2003 Fee will be $150.00~~
Make Checks 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SHAW,JOSEPH ~~7990 SW 112 ST~~ 5770 SW 84 Terrace MIAMI, FL 33156 Miami, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHAW, VIRGINIA ~~7990 SW 112 ST~~ 5770 SW 84 Terrace MIAMI, FL 33156 Miami, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHAW, ROBERT ~~7990 SW 112 ST~~ 8601 SW 58 Ave MIAMI, FL 33156 Miami, FL 33143	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: _____ 5-16-03 786-443-5889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #