

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847278

1. Entity Name

SHAW AERO DEVELOPMENT, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90008 011 ***158.75

Principal Place of Business

Mailing Address

4227 PROGRESS AVENUE
NAPLES FL 34104
US

4227 PROGRESS AVENUE
NAPLES FL 34117-8408
US

00007030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3570 Shaw Boulevard

3. Mailing Address

3570 Shaw Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

11-2062656

Applied For

Not Applicable

Zip

34117

Country

USA

Zip

34117

Country

USA

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

WESTERMAN, F. GRANT
4227 PROGRESS AVE.
NAPLES FL 34104

Name

Westerman, F. Grant

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

3570 Shaw Boulevard

City

Naples

FL

Zip Code
34117

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

[Signature]

F. Grant Westerman

1-12-00

Signature, typed or printed name 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, 2000 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	CP	<input type="checkbox"/> Delete
NAME	SHAW, JAMES	
STREET ADDRESS	131 CYPRESS VIEW DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHAW, FRANCIA	
STREET ADDRESS	131 CYPRESS VIEW DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WESTERMAN, F. G	
STREET ADDRESS	91 CYPRESS VIEW DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRERO, RAYMOND	
STREET ADDRESS	2852 VANDERHOFF DR.	
CITY-ST-ZIP	W. COVINA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSHRUSH, ROY	
STREET ADDRESS	73-1325 AWAKEA ST	
CITY-ST-ZIP	KAILUA-KONA HI	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTLE, VERNON	
STREET ADDRESS	2320-A 103RD AVENUE	
CITY-ST-ZIP	BELLEVUE WA 98004	

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	John A. Bosch	
STREET ADDRESS	524 Pauley Woods Circle	
CITY-ST-ZIP	Kettering, Ohio 45429-1871	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Saul R. Jupiter	
STREET ADDRESS	P.O. Box 690, Yonahlossee Resort	
CITY-ST-ZIP	Blowing Rock, NC 28605-0690	
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:

[Signature]

F. Grant Westerman 1-12-00 941-304-1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #