2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)					Apr 25, 2003 8:00 am	
DOCU 1. Entity Nam SHAW RE	0004669			Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90186 029 ***150.00		
Principal Place of Business 616 E WALNUT AVE DALTON GA 30722-2128 US Mailing Address PO DRAWER 2128 DALTON GA 30722-2128 US						
2. Principal Place of Business (1) E. Walnut Ave 3. Mailing Address P.O. Drawer			1128			
Suite, Apt.		Suite, Apt. #, etc.			☑ CHECK HERE IF MAKING CHANGES	
Dalto	GA	City & State Dalton GA			4. FEI Number 58-2242176 Applied For Not Applicable	
30721	Country	Zip 3072-2128	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
0010	6. Name and Address of Current F				7. Name and Address of New Registered Agent	
	•		Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 105						
TALLAHASSEE FL 32301					FL Zip Code	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent ar		registered office or re		ed agent, or both, in the State of Florida. I am familiar with, and accept when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLLINS, CARL P 6014 WOODS POINT ROCKY FACE GA 30740	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DOBBINS, CHARLES N 1904 WYCLIFF DALTON GA 30720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EMBRY, GERALD R 1708 VIOLET WAY DALTON GA 30720	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, KENNETH G 5536 MOUNTAIN BREEZE DR CHATTANOOGA TN 37421	☐ 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	

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 bler like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition