

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90018 001 \*\*\*300.00

**DOCUMENT # K47769**

1. Entity Name  
**SHAWN TAYLOR, INC.**

Principal Place of Business <b>5450 SOUTH STATE ROAD 7 FT. LAUDERDALE FL 33314</b>	Mailing Address <b>5450 SOUTH STATE ROAD 7 FT. LAUDERDALE FL 33314-6442</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **65-0271382** 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**

**MARSHALL, MARY JANE  
 5450 SOUTH STATE ROAD 7  
 SUITE 35  
 FORT LAUDERDALE FL 33314**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P MARSHALL, MARY JANE 5450 SOUTH STATE ROAD SUITE 35 FORT LAUDERDALE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>VPST JOHN RAY FRIEDRICH 5450 SO STATE RD 7 SUTEI 35 FT LAUDERDALE FL 33314</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Statute; 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:** *Mary Jane Marshall* **4/21/00** **954 797 7977**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)