

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003413

1. Entity Name

T. SHAW TRUCKING, INC.

Principal Place of Business

14049 FAIRWAY ISLAND DRIVE
APT. 116
ORLANDO FL 32837

Mailing Address

14049 FAIRWAY ISLAND DRIVE
APT. 116
ORLANDO FL 32837

2. Principal Place of Business

1026 RAINING MEADOWS LN.

3. Mailing Address

1026 RAINING MEADOWS LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3617214

Applied For

Not Applicable

Zip
32824

Country

Zip
32824

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, TREVOR
14049 FAIRWAY ISLAND DRIVE
APT. 116
ORLANDO FL 32837

7. Name and Address of New Registered Agent

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

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, 2001 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
TITLE PD
NAME SHAW, TREVOR
STREET ADDRESS 14049 FAIRWAY ISLAND DRIVE, APT. 116
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME ~~KIMBERLY SHAW~~ ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE V/M/D
NAME GABRIEL, KIMBERLY SHAW ☐ Change ☒ Addition
STREET ADDRESS 1026 RAINING MEADOWS LN.
CITY-ST-ZIP ORLANDO, FL 32824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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: *Trevor Shaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREVOR SHAW

March 12/01 (407) 854-7947

Date

Daytime Phone #

3/

FILED

Apr 25, 2001 8:00 am
Secretary of State

03-16-2001 90029 004 ***158.75

39716



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)