

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/10/

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90061 030 \*\*\*150.00

DOCUMENT # P00000039859

1. Entity Name

L. W. SHAW, INC.

Principal Place of Business

Mailing Address

3400 EDMONT TR.  
TALLAHASSEE FL 32312

3400 EDMONT TR.  
TALLAHASSEE FL 32312

2. Principal Place of Business

6680 Spicewood LN

3. Mailing Address

6680 Spicewood LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3641171

Applied For

Not Applicable

Zip

32312

Country

LEON

Zip

32312

Country

LEON

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, LYN

3400 EDMONT TR.  
TALLAHASSEE FL 32312

Name

LYN SHAW

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

6680 Spicewood Lane

City

Tallahassee

FL

Zip Code

32312

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

4/26/01

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: PRESIDENT ☐ Delete  
NAME: LYN SHAW  
STREET ADDRESS: 6680 Spicewood LN  
CITY-ST-ZIP: TALLAHASSEE FL 32312

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Chief Executive Officer ☐ Change ☒ Addition  
NAME: Deborah K Shaw  
STREET ADDRESS: 6680 Spicewood LN  
CITY-ST-ZIP: TALLAHASSEE FL 32312

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

922-5743

Date

Daytime Phone #

CR2E034 (10/00)