200	. 0111	FORIN BUS	INESS REPU	ni (UB	n)		_	T)	
DOCUMENT # P0000051207 1. Entity Name VALERIE H. SHAW, P.A.						FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 56 FRANKLIN AVE PONTE VEDRE BEACH FL 32082			Mailing Address 56 FRANKLIN AVE PONTE VEDRE BEACH FL 32082			11881181	01 JŲL (141 1
2. Principal F	Place of Busin	ness	3. Mailing Address							
Suite, Apt.	. #, etc.	. <u>. </u>	Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS	SPACE	
City & State			City & State		-	4. FEI Number				oplied For
Zip	p Country		Zip	Country		***	of Status Desired		\$8.75 Add	
	6. Name	and Address of Current	Registered Agent	 -1	7. Name and Address of New Registered Agent					
	O. Haine			- Name		. Name and /	Address of New Al	egisterea /	Agent	
-	ALERIE H KLIN AVE				Address (P.0	D. Box Number	is Not Acceptable)	ţ	
PONTE VEDRE BEACH FL 32082					-	 _				
·					City FL Zip Code					
9. This corporate filling in	Signature, typed	or printed name of registered agent ble to satisfy its Intangible and elects to do so.		Registered Agent signat	ure required wh	en reinstating)	tion Campaign Fina t Fund Contribution	DATE		O May Be
44										
11.	DDTO	OFFICERS AND		12.	4.	ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SHAW, V/ 56 FRANK PONTE VI		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		☐ Change	☐ Addition
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TITLE NAME Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
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13. I hereby certify that the information supplied with this filling 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. Valerie H. Shaw, President (904)241-2533

SIGNATURE:



√ Income Tax Service

✓ Financial & Insurance Services

✓ Accounting & Bookkeeping Services

Jacksonville Beach, Ft. 2250
Phone 904/241-2533
Eng. 204/241-1604

Fax: 904/241-1604 www.triplechecktax.com

July 24, 2001

Division of Corporations Attn: Ms. Stacey Prather P. O. Box 6327 Tallahassee, FL 32314

Re: Valerie H. Shaw, P.A.

2001 Uniform Business Report Document #P00000051207

Dear Ms. Prather:

Upon the receipt of your department's 2nd request for a 2001 Uniform Business Report from the referenced corporation, Mrs. Valerie H. Shaw, the corporation's president, contacted me regarding how to proceed. Mrs. Shaw informed me that she had never received the original form from your department to remain current.

I prepare Mrs. Shaw's monthly, quarterly and annual tax reports. Mrs. Shaw has always been diligent about forwarding all government paperwork to me as soon as she receives it. To establish further reasonable cause criteria, the corporation has timely submitted the necessary annual returns to the State of Florida accurately reflecting the address of the corporation.

Please accept the enclosed annual report, the \$150.00 annual fee payment and abate the late filing penalties, based on the statements contained herein.

-Thank- you- for-your-help with this matter. Please contact me if you have any questions/concerns regarding this issue.

Sincerely,

Judith H. Hill, EA

cc: Valerie H. Shaw, P.A.

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