

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000004041**

1. Entity Name
SHAW HARDWARE, INC.



Principal Place of Business
**1308 KINGS ROAD
JACKSONVILLE FL 32209**

Mailing Address
**1308 KINGS ROAD
JACKSONVILLE FL 32209**

**FILED
Feb 19, 2003 8:00 am
Secretary of State**

02-19-2003 90018 026 ***150.00



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3691146	Applied For
	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAW, ROBERT C
1308 KINGS ROAD
JACKSONVILLE FL 32209**

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing
Trust Fund Contribution.** **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	SHAW, ROBERT C		NAME
STREET ADDRESS	1308 KINGS ROAD		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	SHAW, KEITH C		NAME
STREET ADDRESS	1308 KINGS ROAD		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	SHAW, ANNAN L		NAME
STREET ADDRESS	1308 KINGS ROAD		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32209		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

CR2E034 (10/02)

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 other like empowered.

SIGNATURE: *SHAW HARDWARE, INC.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03

904-354-1945

Date

Daytime Phone #