

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90026 048 ***158.75

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DOCUMENT # P01000088110

1. Entity Name

H.M. SHAW ENTERPRISES, INC.

Principal Place of Business

**401 WEST TROPICAL WAY
 PLANTATION FL 33317**

Mailing Address

**401 WEST TROPICAL WAY
 PLANTATION FL 33317**

2. Principal Place of Business

401 West Tropical Way

3. Mailing Address

401 West Tropical Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Plantation, FLA.

City & State
Plantation, Fla.

4. FEI Number
65-1157978

Applied For
 Not Applicable

Zip Country
33317 USA

Zip Country
33317 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURDOCH, ROBERT E
 JOHNSON, ANSELMO, MURDOCH, BURKER & GEORGE
 790 EAST BROWARD BLVD., SUITE 400
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name
WANDA LEE ROSS
 Street Address (P.O. Box Number is Not Acceptable)
401 West Tropical Way
Plantation, Fla.
 City **Plantation,** FL Zip Code **33317**

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 **Res. Agt. WANDA LEE ROSS, Chairwoman** *Wanda Lee Ross* **1-11-2002**
 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, 2002 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 **Director and PRESIDENT** ☐ Delete
 NAME **ROSS, HERVEY S**
 STREET ADDRESS **401 WEST TROPICAL WAY**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **CHAIRMAN - ADD-Direct** ☐ Delete
 NAME **WANDA LEE ROSS**
 STREET ADDRESS **401 West Tropical Way**
 CITY-ST-ZIP **Plantation, Fla. 33317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: *Wanda Lee Ross* **President - 1-11-2002 - 954-587-4652**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)