

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) ORI

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90245 049 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1157978**

Applied For
Not Applicable

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

**ROSS, WANDA LEE
401 WEST TROPICAL WAY
FORT LAUDERDALE FL 33317**

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. 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 |
| NAME | ROSS, HERVEY S | |
| STREET ADDRESS | 401 WEST TROPICAL WAY | |
| CITY-ST-ZIP | PLANTATION FL 33317 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | ROSS, WANDA LEE | |
| STREET ADDRESS | 401 WEST TROPICAL WAY | |
| CITY-ST-ZIP | PLANTATION FL 33317 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03
Date

954-587-4652
Daytime Phone #

CR2E034 (10/02)