2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-19-2002 90930 042 ***150.00
P01000200728

FILED

02 JUN 26 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
870059

DOCUMENT # P01000100728

1. Entity Name

GERALD SHAW INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
13773 Rivoli Drive	13773 Rivoli Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens	City & State: Palm Beach Gardens
Zip: 33410 Country: US	Zip: 33410 Country: US

4. FEI Number: 65-1143989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Barry B. Byrd

Street Address (P.O. Box Number is Not Acceptable): 4100 RCA Boulevard

Suite 100

City: Palm Beach Gardens, FL Zip Code: 33410

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1st Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PTD
NAME	Shaw, Gerald
STREET ADDRESS	13773 Rivoli Drive
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	SD
NAME	Shaw, Sydelle
STREET ADDRESS	13773 Rivoli Drive
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/11/02 (561) 627-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #