

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90184 024 \*\*\*150.00

**DOCUMENT # P01000107728**

**1. Entity Name**  
**THOMAS SHAWCROSS & ASSOCIATES, INC..**

**Principal Place of Business**  
**150 N. SWINTON AVE., STE.201**  
**DELRAY BEACH FL 33444**

**Mailing Address**  
**150 N. SWINTON AVE., STE.201**  
**DELRAY BEACH FL 33444**

**B0128327**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**65-1155226**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**SHAWCROSS, THOMAS**  
**150 N. SWINTON AVE., STE.201**  
**DELRAY BEACH FL 33444**

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

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PSD** ☐ Delete  
**NAME** **SHAWCROSS, THOMAS**  
**STREET ADDRESS** **150 N. SWINTON AVE., STE.201**  
**CITY-ST-ZIP** **DELRAY BEACH FL 33444**

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**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:**

*Thomas Shawcross* **THOMAS SHAWCROSS** **7/8/2002** **561/243-8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment 2*  
*Date 10/000107728*  
*60128327*

Thomas Shawcross & Associates, Inc.  
150 N. Swinton Ave. Suite 201  
Delray Beach, FL 33444

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

This is the first notice I received, and I hereby request that the late fee be waived.  
Enclosed is a check for the original \$150 filing fee. Thank you.

Sincerely,

*Thomas Shawcross*

Thomas Shawcross  
President,  
Thomas Shawcross & Associates, Inc.