

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

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

06-19-2003 90042 048 \*\*\*150.00

**DOCUMENT #** P02000048764  
**1. Entity Name**

J B SHAW TRUCKING COMPANY

**DO NOT WRITE IN THIS SPACE**

**90140003**

**2. Principal Place of Business**  
PO BOX 477  
**3. Mailing Address**  
PO BOX 477  
**Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

**City & State**  
JASPER, FL  
**Zip**  
32052  
**Country**  
USA

**4. FEI Number**  
01-0717363  
**Applied For**  
☐ Not Applicable  
**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
LYNDA M FOLSOM  
**Street Address (P.O. Box Number is Not Acceptable)**  
548 CHANBRIDGES DRIVE  
**City**  
JASPER **FL** **Zip Code**  
32052

**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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP JAMES B SHAW PO BOX 477 JASPER FL 32052
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DVT CAROLYN SHAW PO BOX 477 JASPER FL 32052
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S LYNDA M FOLSOM PO BOX 927 JASPER FL 32052
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE** *James B Shaw* J B SHAW-DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2003

Date

Daytime Phone #

Attachment

900140003  
#P02000348764

June 10, 2003

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

Dear Sir:

I realize that this report is late. It is my hope that you will allow for my error this time. We were in the process of changing from my doing our books to our going to a certified bookkeeper. As I became aware that we needed someone who knew more about filing and reporting, in the process I some how misplaced or lost the application. In going over our books the bookkeeper realized that I had not made application for renewal of this certificate.

At this time I am asking to be allow to pay \$150.00 to get our renewal.

Thanking you in advance for you help.

*Carolyn Shaw*

Carolyn Shaw