2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000059426 DOCUMENT

1. Entity Name

SHAWN CONWAY CONSTRUCTION, INC.



FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90144 015 ***150.00

						COO WE	Term						
Principal Place of Business 1217 GLYNLEA RD. JACKSONVILLE FL 32216			1217	Mailing Address 1217 GLYNLEA RD. JACKSONVILLE FL 32216									
2. Principal F	Place of Busin	ess	3. Mai	3. Mailing Address						.	######################################		
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.					☐ CHECK H	HERE IF MA	AKING CH	HANGES	
City & State			City	City & State				4. FEI	Number	 ว <i>8</i> %			plied For at Applicable
Zip Country			Zip	Zip Count			27-0007288 Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required						litional
6. Name and Address of Current Registered Agent								7 Nan	me and Address of I	Jew Regist			
	U. Hame	-	riogistore	- Agent		Name- :		7. Nan	ne and Address of t	ter neglat	cieu Age	,,,	
CONWAY, SHAWN 1217 GLYNLEA RD.							Address (P.O. Box Number is Not Acceptable)						
	NLEA RD. VILLE FL 32	2216									· · · · · · · · · · · · · · · · · · ·		
0,10110071											FL	Zip Code)
8 The above	named entity	submits this statement t	for the pure	ass of changing its	ogistore	nd office or i	ronistoro	d accept	or both in the State	of Clorido		line with	and account
	tions of registe		or trie purp	ose of changing its r	egistere	a office of t	registere	a agent,	, or both, in the State	or Florida.	i am iami	iiar with,	and accept
SIGNATURE		or printed name of registered ager	nt and title if app	licable. (NOTE:	Registered	d Agent signatur	re required w	vhen reinsta	ating)	[DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 (#ake Check Payable to Florida Department of State									9. Election Campai Trust Fund Contr	_	ig 🔲		May Be to Fees
10. OFFICERS AND DIRECTORS 11.								ADDIT	TIONS/CHANGES TO	OFFICERS	S VVID DIE	PECTORS	NINI 11
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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 trusted 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 epipowered.

SIGNATURE: