

2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90729 026 \*\*\*150.00

**DOCUMENT #** P02000124468  
**1. Entity Name**

SHAW FRAMING INC



**DO NOT WRITE IN THIS SPACE**

90119725

**2. Principal Place of Business**  
648 N. DIXIE HIGHWAY

**3. Mailing Address**  
648 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
NEW SMYRNA BEACH FL

**City & State**  
NEW SMYRNA BEACH FL

**4. FEI Number**  
13-4225060

**Applied For**  
Not Applicable

**Zip**  
32168

**Country**  
US

**Zip**  
32168

**Country**  
US

**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**  
WILLIAM E. SHAW

**Street Address (P.O. Box Number is Not Acceptable)**  
648 N. DIXIE HIGHWAY

**City** NEW SMYRNA BEACH **FL** **Zip Code** 32168

**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**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
PVST  
**NAME**  
WILLIAM E. SHAW  
**STREET ADDRESS**  
648 N. DIXIE HIGHWAY  
**CITY-ST-ZIP**  
NEW SMYRNA BEACH FL 32168

**TITLE**  
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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:**

W.E. SHAW II  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

423-5551  
Daytime Phone #

CR2E034B (12/02)