

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

Jun 19, 2000 8:00 am
Secretary of State

04-24-2000 90171 030 ***158.75

DOCUMENT # P92000005047

1. Entity Name

SHAW AERO REALTY CORPORATION

Principal Place of Business

12291 TOWNE LAKE DR.
FT. MYERS FL 33913
US

Mailing Address

12291 TOWN LAKE DRIVE
FT. MYERS FL 33913-0012
US

2. Principal Place of Business

3580 SHAW Blvd
Suite, Apt. #, etc.

3. Mailing Address

3580 SHAW Blvd
Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

65-0371031

Applied For

Not Applicable

Zip

34117-8408

Country

Collier

Zip

34117-8408

Country

Collier

5. Certificate of Status Desired

★

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ADDIO, LORNA HUSSON
12291 TOWNE LAKE DR
FT. MYERS FL 33913

7. Name and Address of New Registered Agent

Name D'Addio Lorna Husson

Street Address (P.O. Box Number is Not Acceptable)
3580 SHAW Blvd

City Naples

FL

Zip Code

34117-8408

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

Lorna Husson D'Addio

Lorna Husson D'Addio

4-13-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	SHAW, JAMES R	
STREET ADDRESS	563 EAGLE CREEK DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAW, FRANCA	
STREET ADDRESS	563 EAGLE CREEK DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'HARA, NANCY S	
STREET ADDRESS	1619 NOTTINGHAM DR	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DOWNES, DENNIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	3580 SHAW BLVD	
CITY-ST-ZIP	Naples FL 34117-8408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Dennis Downes

4-13-00

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)