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

## P93000035258



Apr 18, 2003 8:00 am Secretary of State DOCUMENT # 1. Entity Name 04-18-2003 90139 015 \*\*\*150.00 SANDRA S. SHAW, INC. Principal Place of Business Mailing Address 100-3 INDIAN ROCKS ROAD 100-3 INDIAN ROCKS ROAD **BELLEAIR BLUFFS FL 34640 BELLEAIR BLUFFS FL 34640** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 59-3188842 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAW, SANDRA S Street Address (P.O. Box Number is Not Acceptable) 100-3 INDIAN ROCKS ROAD, N **BELLEAIR BLUFFS FL 34640** Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) GL. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE □ Delete SHAW, SANDRA S NAME NAME 100-3 INDIAN ROCKS ROAD STREET ADDRESS STREET ADDRESS **BELLEAIR BLUFFS FL 34640** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

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 Block 11 if changed, or on an attachment with an address with all other like empowered

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