

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000078759

FILED
Jan 27, 2003
Secretary of State

Entity Name: M.M. SHAW ASSOCIATES, INC.

Current Principal Place of Business:

9087 S.E. SHARON STREET
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

9087 S.E. SHARON STREET
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 65-0698857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, MALCOLM
7885 155TH PL N
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

SHAW, MALCOLM
9087 SE SHARON ST
HOBE SOUND, FL 33455 US

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: MALCOLM E SHAW

01/27/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAW, MALCOLM
Address: 9087 S.E. SHARON STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: SHAW, MARGARET
Address: 9087 S.E. SHARON STREET
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM E SHAW

D

01/27/2003

Electronic Signature of Signing Officer or Director

Date