

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 097000031799

1. Entity Name

Blake Shaw + Company

Principal Place of Business

Mailing Address

2424 E. LAS OLAS Blvd.  
Ft. Lauderdale FL 33301

2. Principal Place of Business

2424 E LAS OLAS Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Zip

33301

Country

Florida

Zip

Country

4. FEI Number

65-0754611

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

John C. Walker, CPA

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

3020 N. Federal Hwy

Bldg 11

City

Ft. Lauderdale

FL

Zip Code

33306

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Heather M. Shaw	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	730 NE 24 way	
CITY-ST-ZIP	Ft. Lauderdale FL 33304	
TITLE NAME	Robert K. Blake	<input type="checkbox"/> Delete
STREET ADDRESS	1641 NE 60th St.	
CITY-ST-ZIP	Ft. Lauderdale FL 33308	
TITLE NAME	E Clay Shaw III	<input type="checkbox"/> Delete
STREET ADDRESS	730 NE 24 way	
CITY-ST-ZIP	Ft. Lauderdale FL 33304	
TITLE NAME	Robert K. Blake Jr.	<input type="checkbox"/> Delete
STREET ADDRESS	1717 SE 11th St.	
CITY-ST-ZIP	Ft. Lauderdale 33301	
TITLE NAME	Heather M. Shaw	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	730 NE 24 way	
CITY-ST-ZIP	Ft. Lauderdale FL 33304	
TITLE NAME	Robert K. Blake	<input type="checkbox"/> Delete
STREET ADDRESS	1641 NE 60th St	
CITY-ST-ZIP	Fort Lauderdale FL 33308	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90149 004 \*\*\*150.00

C0097995

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)