

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90134 050 ***150.00

DOCUMENT # P97000101910

1. Entity Name
STEVE SHAW A/C & HEATING INC.

Principal Place of Business Mailing Address
1890 51ST TERRACE SW 1890 51ST TERRACE SW
NAPLES FL 34116 NAPLES FL 34116

2. Principal Place of Business 3. Mailing Address
2620 26th Ave SE 2620 26th Ave SE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Naples FL

City & State City & State
Naples FL

Zip Country Zip Country
34117 Collier 34117 Collier

4. FEI Number Applied For
59-3478793 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SHAW, STEVE
1890 51ST TERR SW
NAPLES FL 34116

7. Name and Address of New Registered Agent
 Name **Steve Shaw**
 Street Address (P.O. Box Number is Not Acceptable)
2620 26th Ave SE
 City **Naples** FL Zip Code **34117**

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 *Steve Shaw* Steve Shaw 4-12-01
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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SHAW, STEVE	1890 51ST TERR SW	NAPLES FL 34116	<input type="checkbox"/>
VP	SHAW, ANDREA	1890 51ST TERR SW	NAPLES FL 34116	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Steve Shaw* Steve Shaw 4-12-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)