2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000069904

FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Entity Name

SHAW HALLMAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
239 STATE RD 16 ST AUGUSTINE FL 32092	239 STATE RD 16 ST AUGUSTINE FL 32095-2033

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3530630 ☐ 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
LEBEGERN, JOSEPH K 4 OFFICE PARK DR, STE 260-C PALM COAST FL 32137	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	PD HALLMAN, SHAW 3800 SOUTH CROSS RD SAINT AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003398011--0 -09/19/00--01037--022 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TOMPKINS, DANIEL 239 STATE RD SAINT AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HALLMAN, JENNIFER 3800 SOUTH CROSS RD SAINT AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HALLMAN, SHAW 3800 SOUTH CROSS RD SAINT AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AD

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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: SIGNATURE REQUIRED 5-30-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Joseph K. Lebegern, Taxes & Accounting

4 Office Park Drive ~ Suite 230 ~ Palm Coast, Florida 32137 ~ USA
Phone 445-3858 ~ Fax 447-7690

July 31, 2000

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Shaw Hallman Enterprises, Inc.
Doc No. P98000069904
EIN 59-3530630

Wickshaw Properties, Inc.
Doc No. P98000083090
EIN 59-3606576

Dear Sirs or Madams'

I am the registered agent for the above named Corporations. I hereby request an abatenent of all late filing penalties due to what I believe to be very unusual circumstances. Everything that I tell you in this letter can be proven with copies of various medical bills, every word is the truth.

On Decenber 1, 1998 I was operated on for a very serious cancer problem and was considerably incapacitated until the summer of 1999. During the summer of 1999 I developed an abnormal heart rhythem due to the rigors of the operation and started to undergo even further hospital visits. Needless to say my professional practice suffered considerably during this period.

In early March of 2000, I suffered a stroke which , I am told, is a common occurance for people with cardiac arrythmia. Bearly did I get on my feet, when I was hit with still another stroke and was further incapacitated.

It is now August 1, 2000, and I am once again trying to get on my feet and run my professional practice. My life is in a state of ruin, I don't know where to turn. I honestly don't have a spare dollar in my pocket. Please, I implore you, accept my client's checks as payment in full, I am begging for help.

Very truly yours,

Joseph K. Lebegern

Joseph K. Lebegern