

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90125 038 ***558.75

DOCUMENT # P980000910171. Entity Name
SHAW MOTORS, INC.

Principal Place of Business

**7829 SHELLBARK DR
ORLANDO FL 32818**

Mailing Address

**P.O. BOX 682152
ORLANDO FL 32868**

2. Principal Place of Business

P.O. Box 682152

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 682152

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3540323

Applied For

Not Applicable

Zip

Country

32868

Zip

Country

FL 32868

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****SHAW, CASTEL
7829 SHELLBARK DR
ORLANDO FL 32818****7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D** ☐ Delete
NAME SHAW, CASTEL
STREET ADDRESS 7829 SHELLBARK DRIVE
CITY-ST-ZIP ORLANDO FL 32818**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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**

Signature, typed or printed name of signing officer or director

7/12/02

Date

321-228-8153

Daytime Phone #

CR2E034 (4/02)