

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90103 009 \*\*\*150.00

**DOCUMENT # P98000102812**

1. Entity Name  
**SHAWFIELD RELATIONAL TECHNOLOGIES, INC.**

Principal Place of Business  
**318 MAPLE CT**  
**OVIDO FL 32765-7754**

Mailing Address  
**318 MAPLE CT**  
**OVIDO FL 32765-7754**

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 **59-3546940**

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

**SHAWFIELD, CARRIE S**  
**318 MAPLE CT**  
**OVIDO FL 32765-7754**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SHAWFIELD, JOSEPH E**  
STREET ADDRESS **318 MAPLE COURT**  
CITY-ST-ZIP **OVIDO FL 32765**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPST** ☐ Delete  
NAME **SHAWFIELD, CARRIE SUE**  
STREET ADDRESS **318 MAPLE COURT**  
CITY-ST-ZIP **OVIDO FL 32765**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*CARRIE SUE SHAWFIELD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/02

Date

407-359-1800  
Daytime Phone #

CR2E034 (4/02)

Attachment  
011#298000102812

We were positive we  
paid this and called  
to verify... whoever my  
husband spoke to  
couldn't be sure. We  
were surprised to receive  
the 2nd notice.

**Crystal**  
SPRINGS  
PURE

Thank you,  
Carmie Shuff

Call 1-800-444-Pure (7873) or visit [water.com](http://water.com)