

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028868

1. Entity Name

SHAW-DOWNING CORPORATION

Principal Place of Business

25 WEST CEDAR STREET #304  
PENSACOLA FL 32501

Mailing Address

25 WEST CEDAR STREET #304  
PENSACOLA FL 32501-5945

2. Principal Place of Business

25 WEST CEDAR STREET

Suite, Apt. #, etc.

#550

City & State

PENSACOLA FL

Zip

32501

Country

USA

3. Mailing Address

25 WEST CEDAR STREET

Suite, Apt. #, etc.

#550

City & State

PENSACOLA FL

Zip

32501

Country

USA

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

04-24-2000 90134 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3578017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BATES, PHILIP A  
25 WEST CEDAR STREET #304  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

BATES, PHILIP A

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

25 WEST CEDAR STREET #550

City

PENSACOLA

FL

Zip Code

32501

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

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

TITLE **D** ☐ Delete  
NAME **BATES, PHILIP A**  
STREET ADDRESS **25 WEST CEDAR STREET #304**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **BATES, PHILIP A.**  
STREET ADDRESS **25 WEST CEDAR STREET #550**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☒ Change ☐ Addition  
NAME **DAVID HENDERSON**  
STREET ADDRESS **623 CALHOUN AVENUE**  
CITY-ST-ZIP **DESTIN, FL 32541**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowerments.

DAVID HENDERSON

SIGNATURE:

PHILIP A. BATES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

850/470-0091

Daytime Phone #

CR2E034 (9/99)