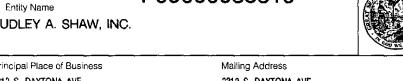
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P99000085819



**FILED** May 01, 2003 8:00 am Secretary of State

| DUDLEY   | <sup>ne</sup><br>A. SHAW, INC.  |                              |                       |  | .,   | )216 033     13                         | 0.00                          |
|--|---|------------------------------|-----------------------|--|--|---|-------------------------------|
| Principal Place of Business Mailing Address 2312 S. DAYTONA AVE 2312 S. DAYTONA AVE. FLAGLER BEACH FL 32136-4031 FLAGLER BEACH FL 32136-40 |   |                              | 'ONA AVE.             |  | Y<br> <br>   | <b>88</b> /14 <b>51</b> /18 2000 8/18/4 |                               |
| Principal Place of Business     3. Mailing Address   |   |                              | dress                 | ·  |  |   |                               |
| Suite, Apt.  | #, etc.   | Suite, Apt. #                | #, etc.               |  | CHECK HERE IF MAKING CHANGES                           |   |                               |
| City & State   |   | City & State                 |                       |  | EU 0EUC04E   |   | Applied For<br>Not Applicable |
| Zip  | Country   | Zip                          | Coul                  | ntry   | 5. Certificate of Status Desired                       | □ \$8.75<br>Fee Req                     | Additional<br>uired           |
|  | 6Name and Address of Curre  | nt Registered Ager           | nt 🚐 👵 .              |  | .7. Name and Address of New Re                         | gistered Agent                          |                               |
| 1  |   |                              |                       | Name   | •  |   | ,                             |
| SHAW, DUDLEY A<br>2312 S. DAYTONA AVE.   |   |                              |                       | Street Address (P.O. Box Number is Not Acceptable) |  |   |                               |
| (  | BEACH FL 32136-4031   |                              |                       |  |  |   |                               |
| ,  |   |                              |                       | City   |  | FL Zip C                                | Code                          |
|  | named entity submits this statementions of registered agent.                | t for the purpose of c       | changing its register | red office or registere                            | ed agent, or both, in the State of Flori               | da. I am familiar w                     | ith, and accept               |
| SIGNATURE.   | Signature, typed or printed name of registered ag                           | ent and title if applicable. | (NOTE: Register       | ed Agent signature required                        | when rainstating)                                      | DATE                                    | <del></del> !                 |
|  | ILE NOW!!! FEE IS \$150.00  |                              | <del></del>           |  |  |   |                               |
| Afte   | r May 1, 2003 Fee will be \$550.0<br>k Payable to Florida Department        | <b>I</b>                     |                       |  | S. Election Campaign Fina     Trust Fund Contribution. |   | 5.00 May Be<br>ded to Fees    |
| 10.  | · , OFFICERS AI   | ND DIRECTORS                 | 11.                   |  | ADDITIONS/CHANGES TO OFFICE                            | CERS AND DIRECT                         | ORS IN 11                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PTSD<br>SHAW, DUDLEY A<br>2312 S. DAYTONA AVE.<br>FLAGLER BEACH FL 32136-40 |                              |                       |  |  | ☐ Chan                                  | ge Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | FEAGLER BEACHTE 32130-40  |                              |                       |  |  | ☐ Chan                                  | ge Addition                   |
| NAME STREET ADDRESS CITY-ST-ZIP  |   |                              | Delete TITL NAM       | E  | इंटर र   | [] Chang                                | ge Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                              |                       | ľ  |  | ☐ Chang                                 | ge 🔲 Addition                 |
| TITLE NAME STREET ADORESS CITY-ST-ZIP  |   |                              |                       | j.   |  | ☐ Chang                                 | ge Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | portify that the information cumuling u                                     |                              | CITY                  | i  | abion 140 07/0V/i) Clouido Statutos 14                 | ☐ Chang                                 | ge Addition                   |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

Daytime Phone #