

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90162 037 ***150.00

DOCUMENT # V16959

1. Entity Name
THOMAS E. SHAW, III, D.D.S., P.A.

Principal Place of Business 2400 WEST REYNOLDS STREET PLANT CITY FL 33567	Mailing Address 2400 WEST REYNOLDS STREET PLANT CITY FL 33567-5765
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1701 S. Alexander St.</i> Suite, Apt. #, etc. <i>Ste. #114</i> City & State <i>Plant City, FL</i> Zip <i>33567</i> Country <i>USA</i>	3. Mailing Address <i>1701 S. Alexander St.</i> Suite, Apt. #, etc. <i>#114</i> City & State <i>Plant City, FL</i> Zip <i>33567</i> Country <i>USA</i>
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4. FEI Number **59-3107563** 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

SHAW, THOMAS E. III
~~2400 WEST REYNOLDS STREET~~ *see above change*
 PLANT CITY FL 33567

Name
 Street Address (P.O. Box Number is Not Acceptable)
1701 S. Alexander St., Ste. #114
 City *Plant City* State **FL** Zip Code *33567*

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	D SHAW, THOMAS E. III 2400 WEST REYNOLDS ST. <i>change address</i> PLANT CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1701 S. Alexander St. Ste. 114</i> <i>Plant City FL 33567</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas E. Shaw III, D.D.S.* **Thomas E. Shaw III D.D.S.** *4/26/00* **4/26/00** *813-752-7058* **813-752-7058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)