

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**

09-08-2000 90007 015 \*\*\*550.00

**DOCUMENT # F93000005953**

1. Entity Name

NFW, INC. ✓

Principal Place of Business

404 EAST BAY ST  
 PO BOX SS-5539  
 NASSAU, BAHAMAS  
 US

Mailing Address

15115 RED CEDAR COVE LN  
 CYPRESS TX 77429-5693  
 US

2. Principal Place of Business

3. Mailing Address

404 EAST BAY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX SS 5539

City & State

City & State  
 NASSAU, BAHAMAS

4. FEI Number

98-0137684

Applied For

Not Applicable

Zip

Country

Zip

Country

BAHAMAS

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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.

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.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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  Delete  
 NAME **D**  
**PETTIT, CHARLES**  
 STREET ADDRESS **66 HAMMERSMITH RD**  
 CITY-ST-ZIP **LONDON W1484T EN**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DP**  
**FAIR, IAN D.**  
 STREET ADDRESS **404 E BAY ST**  
 CITY-ST-ZIP **NASSAU, BAHAMAS**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AS**  
**GUTHRIE, WILLIAM A**  
 STREET ADDRESS **15115 RED CEDAR COVE LANE**  
 CITY-ST-ZIP **CPYRESS TX 77429-5693**

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-00

Date

011 44 2073711356

Daytime Phone #

CR2E034 (5/00)