

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90150 022 ***150.00

0606381

DOCUMENT # P96000063106

1. Entity Name
CLW SYSTEMS, INC.

Principal Place of Business SCOTCH ROAD MERCER COUNTY AIRPORT TRENTON NJ 08628	Mailing Address SCOTCH ROAD MERCER COUNTY AIRPORT TRENTON NJ 08628
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C0045629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0696089	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GIBBS, KATHY
 5265 N.W. 108TH AVENUE
 SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	LINEBARGER, LEON	
STREET ADDRESS	SCOTCH ROAD MERCER COUNTY AIRPORT	
CITY-ST-ZIP	TRENTON NJ 08628	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWINGS, BILL	
STREET ADDRESS	SCOTCH ROAD MERCER COUNTY AIRPORT	
CITY-ST-ZIP	TRENTON NJ 08628	
TITLE	CP	<input type="checkbox"/> Delete
NAME	GOODSON, MICHAEL J.	
STREET ADDRESS	SCOTCH ROAD MERCER COUNTY AIRPORT	
CITY-ST-ZIP	TRENTON NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOBES, CARL H	
STREET ADDRESS	SCOTCH ROAD MERCER COUNTY AIRPORT	
CITY-ST-ZIP	TRENTON NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carl H Dobe* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)