

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90080 035 ***150.00

DOCUMENT # P98000075558

1. Entity Name

LWHB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 560939
 ROCKLEDGE FL 32956-0939

P.O. BOX 560939
 ROCKLEDGE FL 32956-0939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3523736**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HONEYCUTT, MISSTY
 1810 LONG IRON DR. #308
 VIERA FL 32955

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

1257 CREEK SIDE CIRCLE
 ROCKLEDGE FL 32955

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: *Lawrence Blunk* PRESIDENT LAWRENCE BLUNK PRES. 3/22/00
Signature of principal, registered agent and officer (NOTE: Registration 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 \$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 Delete
 NAME PD
 BLUNK, LAWRENCE W
 STREET ADDRESS 1810 LONG IRON DR #308
 CITY-ST-ZIP VIERA FL

TITLE Change Addition
 NAME PRESIDENT
 BLUNK, LAWRENCE W
 STREET ADDRESS 1257 CREEK SIDE CIRCLE
 CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE Delete
 NAME VT
 HONEYCUTT, MISSTY D
 STREET ADDRESS 1810 LONG IRON DR #308
 CITY-ST-ZIP VIERA FL

TITLE Change Addition
 NAME VT
 HONEYCUTT, MISSTY
 STREET ADDRESS 1257 CREEK SIDE CIRCLE
 CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Delete
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 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: *Misty Honeycutt* MISSTY HONEYCUTT V.P. 3/22/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
 321-633-4802

CR2E034 (9/99)