2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90021 026 ***150.00

DOCUMENT # P99000032695

1. Entity Name

A.T.W., INC.

Principal Place of Business	Mailing Address
9040 CYPRESS HOLLOW DR. PALM BEACH GARDENS FL 33418	9040 CYPRESS HOLLOW DR. PALM BEACH GARDENS FL 33418-4522

B0008425

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4280 EMPRESS ST	4280 EMPRESS ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GDNS, FL	City & State: PALM BEACH GDNS, FL
Zip: 33410 Country: PALM BEACH	Zip: 33410 Country: PALM BEACH

4. FEI Number 65-0916483 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, THOMAS G
406 OYSTER RD.
NO. PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name: David A. Whelihan
Street Address (P.O. Box Number is Not Acceptable): 4280 Empress St.
P.B. Gardens, Fl.
City: P.B. Gardens FL Zip Code: 33410

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] DAVID A. WHELIHAN 1-19-00
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. (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	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Agnes T. Whelihan		NAME		
STREET ADDRESS	4280 Empress St.		STREET ADDRESS		
CITY-ST-ZIP	P.B. Gardens, Fl. 33410		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Agnes T. Whelihan AGNES T. WHELIHAN 1-19-00 (561) 627-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #