

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000089767**1. Entity Name
RWR, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90013 028 ***150.00

Principal Place of Business

**8183 EAST CR 466
OXFORD FL 34484**

Mailing Address

**8183 EAST CR 466
OXFORD FL 34484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3412238**

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****LANGE, ROBERT V
8183 EAST CR 466
OXFORD FL 34484**

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 _____ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D LANGE, ROBERT V 8183 EAST CR 466 OXFORD FL 34484	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, W. DORMAN 8183 EAST CR 466 OXFORD FL 34484	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGE, ROBERT M 8183 EAST CR 466 OXFORD FL 34484	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>Corporation</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>Merged with</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>Another Corporation</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>Oct. 31, 2000</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01

Date

352-748-5556

Daytime Phone #

CR2E034 (10/00)