

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 126503

H,W, INCORPORATED

FILED  
Feb 29, 2000 8:00 a  
Secretary of State

02-29-2000 90140 049 \*\*\*150.00

Place of Business ST FL 32084	Mailing Address 208 CARVER ST ST AUGUSTINE FL 32084-5318 US
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Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
State	City & State

Country	Zip	Country
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## 6. Name and Address of Current Registered Agent

SIDNEY  
CARVER STREET  
AUGUSTINE FL 32084

4. FEI Number 59-0214913	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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## 7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

corporation is eligible to satisfy its Intangible  
requirement and elects to do so.  
(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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D LICHTER, ROBERT 208 CARVER STREET ST AUGUSTINE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD LICHTER, SIDNEY 208 CARVER STREET ST AUGUSTINE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T LICHTER, JOAN 208 CARVER STREET ST AUGUSTINE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

by 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  
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  
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  
agent, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sidney Lichter 2-16-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)