## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED DOCUMENT # 461728 Feb 16, 2000 8:00 am **Secretary of State** LWS, INC. 02-16-2000 90042 044 \*\*\*158.75 Principal Place of Business Mailing Address C/O L.H. SPILER C/O L.H. SPILER 1540 E. COMMERCIAL BLVD.. SUITE 1 4450 NE 16 AVE. FT. LAUDERDALE FL 33334-5534 FT. LAUDERDALE FLORIDA 33334 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1559410 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPILER, LAWRENCE H. Street Address (P.O. Box Number is Not Acceptable) 4450 NE 16 AVE. FT. LAUDERDALE FLORIDA FL 33334 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition □ Dølete TITLE TITLE SPILER, LAWRENCE H NAME NAME 1540 E. COMMERCIAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE. SPILER, LAWRENCE H. NAME NAME STREET ADDRESS 1540 E. COMMERCIAL STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SPILER, WAYNE D NÂME NAME STREET ADDRESS 4450 NE 16 AVENUE STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS 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