2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 483706

1. Entity Name

D & W TIPE CO INC

FILED Jan 25, 2000 8:00 am Secretary of State

Principal Place of Business	DOW	ine co., inc.				01-	25-2000 90	027 006	***150	.00	
SARASOTA FL 34291 SARASOTA FL 34291 SARASOTA FL 34291-REZO SARASOTA FL 34291-REZO SARASOTA FL 34291 SARASOTA FL 34	Principal Plac	e of Business	Mailing Address		_						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite S						UAATAAAA					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite S			_			1 12 131 13 1 1	I 1 9820 1 000 1880 1	201 3 2 010 202 01	11011 2 1011 1	1110 212 1	1000 (P10
City & State City & State City & State City & State Country Country S. Certificate of State Desired S. Certificate of State Desired S. State Address of Desired S. Certificate of State Desired S. Certificate of State Desired S. State Address of New Registered Agent 7. Name and Address of New Registered Agent Name DONALD, ALEXANDER J States SPYCLASS HILL RD SARASOTA FL 34238 City FL Zip Code 8. The above named entity submits the statement for the purpose of changing its regulatered difference registered spent, or both, in the State of Florida. SIGNATURE 9. This acceptation is eligible to satisfy its intangible Tax hilling requirement and elects to do an Market MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 SARASOTA FL 00000 34238 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME DONALD, ALEXANDER J SARASOTA, FL 00000 34238 SIGN STORMAN SIRET MORES CITY-ST-2P DONALD, ALEXANDER J SARASOTA, FL 00000 34242 THE MAKE SIRET MORES CITY-ST-2P DONALD ALEXANDER J SARASOTA, FL 00000 34242 THE MAKE SIRET MORES CITY-ST-2P Deter NAME SIRET MORES CITY-ST-2P THE MAKE SIRET MORES CITY-ST-2P Change Additions Fore Reduced Agent A. Refile and Address of New Registered Agent To Name and Address of New Registered Agent Not Address of New Registered Agent To Name and Address of New Registered Agent Not Address of New Regist	2. Principal P	lace of Business	3. Mailing Address		\neg		!				
Zip Country Zip Country S. Certificate of Status Desired S. F. Additional Fee Required S. Certificate of Status Desired S. F. Additional Fee Required S. Certificate of Status Desired S. F. Additional Fee Required S. Certificate of Status Desired S. F. Additional Fee Required S. Certificate of Status Desired S. Certificate of Certif	Suite, Apt.	#, etc.				DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. 9. The state Address of P.O. Both, in the State of Florida. 9. The state Address of P.O.	City & State	9			4. F	4. FEI Number 59-1613853					
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Bo	Zip	Country	Zip	Country	5. (Certificate of	Status Desire	d []		5 Addi	tional
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current F	Registered Agent		7. N	lame and A	ddress of Nev	v Registere	d Agent		
3835 SPYGLASS HILL RD SARASOTA FL 34238 6. 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	-0			Name							
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, typed or purpose and registered agent and tree if supprisable. NOTE: Registered Agent agravate required alternative visual properties of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or purpose and registered agent and cree if supprisable. NOTE: Registered Agent agravate required alternative visual properties of state NoTE: Registered Agent agravate required alternative visual properties NOTE: Registered Agent agravate required agent, or both, in the State of Florida. Site of the properties NOTE: Registered agent, or both, in the State of Florida. Site of the properties NOTE: Registered agent, or both, in the State of Florida. NOTE: Registered Agent agravate required agent and registered agent, or both, in the State of Florida. NOTE: Registered Agent agravate required agent and registered agent, or both, in the State of Florida. NOTE: Registered Agent agravate required agent and registered agent, or both, in the State of Florida. NOTE: Registered Agent agravate required agent and registered agent, or both, in the State of Florida. NOTE: Registered Agent agravate required agent and registered agent and register				Street Addres	s (P.O. B	ox Number	is Not Accepta	ble)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature Species of principle and or registered agent, or both, in the State of Florida. 9. This opporation is eligible to satisfy its Intanglible Tax Ring requirement and elects to do so (See criteria or back) PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State PILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$150.00 Make Check Payable to Department of State PILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$150.00 Make Check Payable to Department of State PILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$150.00 Make Check Payable to Department of State PILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$150.00 Make Check Payable to Department of State PILE NOW!! FEE IS \$150.00 After MAY 1, 2000 F	SAR	ASOTA FL 34238									
SIGNATURE Greature typed or printed name of registered agent and stell it applicable. (INOTE: Registered Agent signature required when resistating) 9. This corporation is eligible to satisfy its Intrangible fast filing requirement and elects to do so (Soe criteria or back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VD DONALD, AMY W 3835 SPYGLASS HILL RD STREET ADDRESS CITY-51-2P SARASOTA, FL 00000 34238 TITLE PD ONALD, ALEXANDER J STREET ADDRESS CITY-51-2P STO OPINIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11) TITLE PD OBelete NAME STREET ADDRESS CITY-51-2P STO OPINIONS STREET ADDRESS CITY-51-2P STO OPINIONS STREET ADDRESS CITY-51-2P TITLE OPINIONS STREET ADDRESS CITY-51-2P OPINIONS TITLE OPINIONS OPINIONS OPINIONS TITLE OPINIONS OPINIONS OPINIONS TITLE OPINIONS OPINIONS OPINIONS TITLE OPINIONS OPINIONS OPINIONS OPINIONS OPINIONS TITLE OPINIONS OPINIONS OPINIONS OPINIONS OPINIONS OPINIONS OPINIONS TITLE OPINIONS				City				F	L Z	p Code	
9. This corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to satisfy its Intangible (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corporation is eligible to back (See criteria on back) Corp	8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or regis	tered ago	ent, or both,	in the State of	Florida.			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Added t	SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Reg	gistered Agent signature requi	ired when re	instating)		DAT			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Added t	9 This corno	pration is eligible to satisfy its Intangible	FILE NOW!!! F	FF IS \$150.00							
11. OFFICERS AND DIRECTORS TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME DONALD, ALEXANDER J DONALD, ALEXANDER J SARASOTA, FL 00000 34238 CITY-ST-2P SARASOTA, FL 00000 34238 CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	Tax filing r	equirement and elects to do so.	After MAY 1, 2000	Fee will be \$550.00				-		\$5.0 (Added	May Be to Fees
TITLE NAME NAME DONALD, AMY W STREET ADDRESS CITY-ST-ZP SAFASOTIA, FL 00000 34238 TITLE MAME DONALD, ALEXANDER J STREET ADDRESS CITY-ST-ZP SAFASOTIA, FL 00000 34238 TITLE MAME DONALD, ALEXANDER J STREET ADDRESS CITY-ST-ZP SAFASOTIA, FL 00000 34238 TITLE NAME STREET ADDRESS CITY-ST-ZP SAFASOTIA, FL 00000 34238 TITLE NAME WHITMORE, HELEN STO WHITMORE, HELEN STREET ADDRESS CITY-ST-ZP SAFASOTIA, FL 00000 34242 TITLE NAME STREET ADDRESS CITY-ST-ZP TIT						DITIONS/C	HANGES TO C	FFICERS A	ND DIRE	CTORS	
STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 00000 34238 TITLE PD Delete NAME DONALD, ALEXANDER J 3835 SPYGLASS HILL RD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 00000 34238 CITY-ST-ZIP TITLE NAME WHITMORE, HELEN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						<u>Binorioro</u>	7011020100	77.702.107.			
CITY-ST-ZIP SARASOTA, FL 00000 34238 CITY-ST-ZIP				1							
TITLE				· · · · · · · · · · · · · · · · · · ·							
STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 00000 34238 CITY-ST-ZIP WITLE NAME WHITMORE, HELEN 4712 OCEAN BLVD SARASOTA, FL 00000 34242 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE						hange	Additio
CITY-ST-ZIP				I							
TITLE NAME WHITMORE, HELEN STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	1			1							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ATD	☐ Delete	TITLE					cı	hange	Additio
CITY-ST-ZIP SARASOTA, FL 00000 34242 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				i i							
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		SARASOTA, FL 00000 34242	D Dolete								
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP									اہ ہے	lango	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			☐ Delete	i i						nange	L. Additio
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHA	1		}	1							
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	i		☐ Delete						CI	nange	Additio
CITY-ST-ZIP CITY-ST-ZIP			j								
			Į								
		certify that the information supplied with	this filing does not qualify for the		Section 1	1 19.07(3)(i),	Florida Statute	s. I further	certify tha	it the in	formation

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

941-924-6504