

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90052 038 \*\*\*150.00

**DOCUMENT # 491884**

1. Entity Name

**T & W, INC.**

Principal Place of Business

Mailing Address

**400 SWALLOW DRIVE  
MIAMI SPRINGS FL 33166-4432****400 SWALLOW DRIVE  
MIAMI SPRINGS FL 33166-4432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1634277**

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

**WOLAR, WILLIAM  
1180 ROBIN AVENUE  
MIAMI SPRINGS FL 33166**

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

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, 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	WOLAR, TERRY	1180 ROBIN AVENUE	MIAMI SPRINGS FL				
DP	WOLAR, WILLIAM J.	1024 RAVEN AVENUE	MIAMI SPRINGS FL				
DST	WILDER, CARAN J. WOLAR	1180 ROBIN AVENUE	MIAMI SPRINGS FL				
D	WOLAR, WILLIAM	1180 ROBIN AVENUE	MIAMI SPRINGS FL				
V	WOLAR, SUZANNE	1024 RAVEN AVENUE	MIAMI SPGS FL				

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUZANNE WOLAR**

Date

Daytime Phone #

**3/22/01****305 887-0258**

CR2E034 (10/00)