

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90051 031 ***150.00

DOCUMENT # 491884

1. Entity Name
T & W, INC.



Principal Place of Business
**400 SWALLOW DRIVE
MIAMI SPRINGS FL 33166-4432**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-1634277** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOLAR, TERRY	
STREET ADDRESS	1180 ROBIN AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WOLAR, WILLIAM J.	
STREET ADDRESS	1024 RAVEN AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	DST.	<input type="checkbox"/> Delete
NAME	WILDER, CARAN J. WOLAR	
STREET ADDRESS	1180 ROBIN AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLAR, WILLIAM	
STREET ADDRESS	1180 ROBIN AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOLAR, SUZANNE	
STREET ADDRESS	1024 RAVEN AVENUE	
CITY-ST-ZIP	MIAMI SPGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzanne Wolar* **SUZANNE WOLAR** **1/20/03** **887-0758**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)