

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90062 043 ***150.00

DOCUMENT # 583721

1. Entity Name

EMW, INC.

Principal Place of Business

4525 HOFFNER ROAD
 ORLANDO FL 32812

Mailing Address

4525 HOFFNER ROAD
 ORLANDO FL 32812-2301

2. Principal Place of Business

4525 Hoffner Rd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

4. FEI Number

59-1841518

Applied For

Not Applicable

Zip

32812

Country

Orange

Zip

Country

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

FRANKLIN, DAVID
4525 HOFFNER AVE
ORLANDO FL 32812

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: FRANKLIN, DAVID | | NAME: | |
| STREET ADDRESS: 4525 HOFFNER AVE | | STREET ADDRESS: | |
| CITY-ST-ZIP: ORLANDO FL | | CITY-ST-ZIP: | |
| TITLE: <i>V. President</i> | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <i>Joe Mehan</i> | | NAME: | |
| STREET ADDRESS: <i>4525 Hoffner Ave</i> | | STREET ADDRESS: | |
| CITY-ST-ZIP: <i>Orlando FL 32812</i> | | CITY-ST-ZIP: | |
| TITLE: <i>Secretary</i> | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <i>Mary Mehan</i> | | NAME: | |
| STREET ADDRESS: <i>4525 Hoffner Ave</i> | | STREET ADDRESS: | |
| CITY-ST-ZIP: <i>Orlando FL 32812</i> | | CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | NAME: | |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | NAME: | |
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| CITY-ST-ZIP: | | CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | NAME: | |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Franklin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Date

907 257 7890

Daytime Phone #

CR2E034 (9/99)