

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90169 042 ***150.00

DOCUMENT # 613275

1. Entity Name
WILLOW MANAGEMENT CO., INC.

Principal Place of Business 3900 W COMMERCIAL BLVD TAMARAC FL 33309-3318	Mailing Address P O BOX 590460 FT LAUDERDALE FL 33359 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1108 E. Newport Dr. Suite, Apt. #, etc.	3. Mailing Address 1108 E. Newport Center Dr. Suite, Apt. #, etc.
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City & State Deerfield Beach, FL	City & State Deerfield Beach, FL
Zip 33442	Zip 33442
Country USA	Country USA

4. FEI Number 59-1886690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MICHAEL S
3900 W COMMERCIAL BLVD
TAMARAC FL 33319

Name
Street Address (P.O. Box Number is Not Acceptable)
1108 E. Newport Center Drive
Deerfield Beach FL Zip Code 33442

8. The above named entity submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **4-24-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MICHAEL S 3900 W COMMERCIAL BLVD TAMARAC FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1108 E. Newport Center Drive Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael S. Smith DATE: **4-24-01** (954) 596-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)