

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90043 008 \*\*\*158.75

DOCUMENT # F00000000231

1. Entity Name

EW HOLDINGS, INC.

Principal Place of Business

2965 CURTIS KING BLVD  
FT PIERCE, FL 34946

Mailing Address

PO BOX 66  
MIAMI SPAIN, FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0957717

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

A0024966

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

B+C CORPORATE SERVICES OF  
CENTRAL FLORIDA  
390 N. ORANGE AVE SUITE 1100  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

NAME  
MARILYN K. LADNER

Street Address (R.O. Box Number is Not Acceptable)  
5000 NW 36 STREET

CITY  
MIAMI

FL

33122

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



MARILYN K. LADNER, VP

2-1-2001

Signature, type, 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

TITLE  
NAME  
P.D. WALTER DAVID  
STREET ADDRESS  
5000 NW 36 ST  
CITY-ST-ZIP  
MIAMI FL 33122 ☐ Delete

TITLE  
NAME  
T.D. WILLIAM L. HARVEY  
STREET ADDRESS  
5000 NW 36 STREET  
CITY-ST-ZIP  
MIAMI FL 33122 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

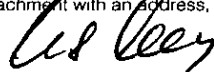
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:



WL HARVEY

2/1/2001

305 874 6691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)