

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 047 ***150.00

DOCUMENT # FO0000000231

1. Entity Name

E W Holdings, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4220 PAN AM Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

City & State

Zip

34946

Country

ST. LUCIE

Zip

Country

4. FEI Number

65-0957717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CHARLES GLASS

Street Address (P.O. Box Number is Not Acceptable)

4220 PAN AM Blvd

City

FOET PIERCE

FL

Zip Code

34946

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
WALTER DAVID
PO Box 660920
MIAMI SPRINGS, FL 33266

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

SECRETARY
WILLIAM HARVEY
PO Box 660920
MIAMI SPRINGS, FL 33266

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
CHARLES GLASS
PO Box 660920
MIAMI SPRINGS, FL 33266

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)