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FILED
May 09, 2003 8:00 am
Secretary of State

04-14-2003 90825 001 ***317.50

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000231

1. Entity Name
EW HOLDINGS, INC.

55039172

Principal Place of Business	Mailing Address
4220 PAN AM BLVD. FORT PIERCE, FL 34946	P O BOX 660920 MIAMI SPRINGS, FL 33266-0920

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0957717 — Applied For / Not Applicable

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
GLASS, CHARLES 4220 PAN AM BLVD FORT PIERCE, FL 34946	Name PAUL S. GLOVER Street Address (P.O. Box Number Is Not Acceptable) 5000 NW 36th STREET City MIAMI FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00 After May 1st 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVID, WALTER	NAME	
STREET ADDRESS	5000 NW 36 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP	
TITLE	TD ☑ Delete	TITLE	☐ Change ☑ Addition
NAME	HARVEY, WILLIAM L	NAME	TD PAUL S. GLOVER
STREET ADDRESS	5000 NW 36 STREET	STREET ADDRESS	5000 NW 36th STREET
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP	MIAMI, FL 33122
TITLE	DVS ☑ Delete	TITLE	☐ Change ☑ Addition
NAME	HARVEY, WILLIAM	NAME	DVS GLOVER, PAUL S.
STREET ADDRESS	5000 N.W. 36TH STREET, SUITE 19	STREET ADDRESS	5000 NW 36th STREET
CITY-ST-ZIP	MIAMI, FL 32122	CITY-ST-ZIP	MIAMI, FL 33122
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2EC34 (10/02)

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with or otherwise empowered.

SIGNATURE: _____ 4/10/03 407-275-1050

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