

2002

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93595 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006073

1. Entity Name

FGW Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16450 Maddalena

Suite, Apt. #, etc.

3. Mailing Address

16450 Maddalena

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0962784

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

Zip

33446

Country

USA

Zip

33446

Country

USA

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32302-2525

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 \$81.25

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 PD
 NAME Weiss, Fred G.
 STREET ADDRESS 16450 Maddalena, Delray Beach
 CITY - ST - ZIP Delray Beach, FL 33446

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ST
 NAME Weiss, Amy
 STREET ADDRESS 16450 Maddalena
 CITY - ST - ZIP Delray Beach, FL 33446

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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

April 12, 2002

561-638-7571

Daytime Phone #

CR2E034B (12/01)