

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G14031

1. Entity Name

ONEWIFE, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90022 039 \*\*\*150.00

Principal Place of Business

2800 LEPRECHAUN LANE  
PALM HARBOR FL 34683

Mailing Address

2800 LEPRECHAUN LANE  
PALM HARBOR FL 34683-2316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2014 OLD OAK LN

Suite, Apt. #, etc.

2014 OLD OAK LN

City & State

SAFETY HARBOR FL

City & State

SAFETY HARBOR FL

Zip

34695

Country

USA

Zip

34695

Country

USA

4. FEI Number

59-2239940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KERWIN, TIMOTHY J  
2800 LEPRECHAUN LANE  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

KERWIN, TIMOTHY J

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

2014 OLD OAK LN

City

SAFETY HARBOR

FL

Zip Code 34695

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 TIMOTHY J. KERWIN SEC & TREAS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-14-00

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, 2000 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	STD	<input type="checkbox"/> Delete
NAME	KERWIN, TIMOTHY	
STREET ADDRESS	2800 LEPRECHAUN LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	P	<input type="checkbox"/> Delete
NAME	KERWIN, KATHLEEN	
STREET ADDRESS	2800 LEPRECHAUN LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KERWIN, TIMOTHY J II	
STREET ADDRESS	2800 LEPRECHAUN LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2014 OLD OAK LN	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2014 OLD OAK LN	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2014 OLD OAK LN	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerment.

SIGNATURE: TIMOTHY J. KERWIN II VICE PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

727-799-5293

Daytime Phone #

CR2E034 (9/99)