

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G14031

1. Entity Name

ONEWIFE, INC.

Principal Place of Business

2014 OLD OAK LANE
SAFETY HARBOR FL 34695

Mailing Address

2014 OLD OAK LANE
SAFETY HARBOR FL 34695

2. Principal Place of Business

2109 MEADOWBROOK DRIVE

3. Mailing Address

2109 MEADOWBROOK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

Zip

33759

Country

USA

Zip

33759

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

7. Name and Address of New Registered Agent

KERWIN, TIMOTHY J
2014 OLD OAK LANE
SAFETY HARBOR FL 34695

ADDRESS CHANGE
ONLY ⇒

Name

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

2109 MEADOWBROOK DRIVE

City

CLEARWATER

FL

Zip Code

33759

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Delete
NAME	KERWIN, TIMOTHY	
STREET ADDRESS	2014 OLD OAK LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	P	<input type="checkbox"/> Delete
NAME	KERWIN, KATHLEEN	
STREET ADDRESS	2014 OLD OAK LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KERWIN, TIMOTHY J II	
STREET ADDRESS	2014 OLD OAK LANE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2109 MEADOWBROOK DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2109 MEADOWBROOK DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2109 MEADOWBROOK DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33759	
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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Kerwin

JAN 20 2001

Date

727-799-5293

Daytime Phone #

CR2E034 (10/00)

0429836

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90107 036 ***150.00



DO NOT WRITE IN THIS SPACE