

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90062 022 ***150.00

UBR03005 AV

DOCUMENT # H07509

1. Entity Name
B-W REAL ESTATE, INC.

Principal Place of Business 3040 GULF TO BAY BLVD. 205 CLEARWATER FL 33759 US	Mailing Address 3040 GULF TO BAY BLVD. 205 CLEARWATER FL 33759 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5215 S. WESTSHORE BLVD Suite, Apt. #, etc. # 29	3. Mailing Address 5215 S. WESTSHORE BLVD Suite, Apt. #, etc. #29
City & State TAMPA, FL	City & State TAMPA, FL.
Zip 33611	Country US

4. FEI Number 59-2440882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POSTON, WILLIAM G
 C/O NSI MANAGEMENT, INC
 3040 GULF TO BAY BLVD, STE. 205
 CLEARWATER FL 34619**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5215 S. WESTSHORE BLVD. # 29
City TAMPA
State FL
Zip Code 33611

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	ST POSTON, WILLIAM G 3040 GULF TO BAY BLVD., STE. 205 CLEARWATER FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, PATRICK J 26657 WOODWARD AVE. STE 100 HUNTINGTON WOODS MI 48070	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 5215 S. WESTSHORE BLVD., #29 TAMPA, FL. 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

P. O'Neill
PATRICK J. O'NEILL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2002
 Date

813-837-6779
 Daytime Phone #

CR2E034 (9/01)