

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90087 025 \*\*\*150.00

**DOCUMENT # H50777**

1. Entity Name  
**R.W.S., INC.**



Principal Place of Business **DE** Mailing Address  
**SMILESTONE WAY 108 So Anchorage** 4152 W. BLUE HERON BLVD.  
**WEST PALM BEACH FL 33415** SUITE 106  
**NORTH Palm Beach, FL 33408** RIVIERA BCH. FL 33404  
US

2. Principal Place of Business **108 So. Anchorage, DE** 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **North Palm Beach FL** City & State  
Zip **33408** Country **USA** Zip Country

4. FEI Number **59-2612154** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SIMMONS, ROBERT W., JR.**  
**108 SOUTH ANCHORAGE DRIVE**  
**NORTH PALM BEACH FL 33408**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 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

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>DV</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>SIMMONS, ROBERT W., JR.</b>   |                                 |
| STREET ADDRESS | <b>108 S ANCHORAGE DR</b>        |                                 |
| CITY-ST-ZIP    | <b>NORTH PALM BEACH FL 33408</b> |                                 |
| TITLE          | <b>DP</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>SIMMONS, LAUREN R.</b>        |                                 |
| STREET ADDRESS | <b>108 S ANCHORAGE DR</b>        |                                 |
| CITY-ST-ZIP    | <b>NORTH PALM BEACH FL 33408</b> |                                 |
| TITLE          | <b>ST</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>OLSEN, BLANCHE R.</b>         |                                 |
| STREET ADDRESS | <b>742 FAIRHAVEN DRIVE</b>       |                                 |
| CITY-ST-ZIP    | <b>NORTH PALM BEACH FL 33408</b> |                                 |
| 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    |                                  |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |

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 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/03 (561)**  
**844-5883**  
Date Daytime Phone #

CR2E034 (10/02)