

# 2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H93043  
1. Entity Name  
FWA INVESTMENTS, INC

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
04-26-2000 90044 023 \*\*\*150.00

Principal Place of Business      Mailing Address  
246 N. FEDERAL HWY      246 N. FEDERAL HWY  
POMPANO BEACH, FL 33062      POMPANO BEACH, FL 33062

2. Principal Place of Business      3. Mailing Address  
246 N. FEDERAL HWY      246 N. FEDERAL HWY.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
POMPANO BEACH, FL      POMPANO BEACH, FL  
Zip      Zip      Country      Country  
33062      33062      BROWARD      USA

4. FEI Number      Applied For  
59-2783102      Not Applicable  
5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FRED W. APPLGATE, III  
246 N. FEDERAL HWY  
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

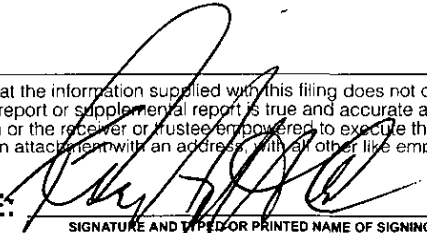
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	FRED W. APPLGATE, III <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		246 N. FEDERAL HWY	NAME		
STREET ADDRESS		POMPANO BEACH, FL 33062	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD	CATHY L. MARSHALL <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		246 N. FEDERAL HWY	NAME		
STREET ADDRESS		POMPANO BEACH, FL 33062	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:       FRED W. APPLGATE, III      4/17/00      954 942 4400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)