2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J40304

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90162 011 ***150.00

DO NOT WRITE IN THIS SPACE

1. Entity Name

JW INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
% JAMES E. WURDEMAN ~~100 N TAMPA ST #2150~~ TAMPA FL ~~33602~~ US	P O BOX 10477 100 N TAMPA ST #2150 TAMPA FL 33679-0477 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 511 W. BAY ST. STE 400	Suite, Apt. #, etc.
City & State	City & State
Zip 33606 / Country	Zip / Country

4. FEI Number 59-2728789 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WURDEMAN, JAMES E.
~~100 N TAMPA ST~~
~~SUITE 2150~~
TAMPA FL ~~33602~~

7. Name and Address of New Registered Agent

Name

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

511 W. BAY ST, SUITE 400

City TAMPA FL Zip Code 33606

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] 4-28-00
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 NAME STREET ADDRESS CITY-ST-ZIP	PDTS WURDEMAN, JAMES E. 511 W BAY STREET, STE 400 TAMPA FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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] 4-28-00 813-259-4077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #