

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90957 029 ***150.00

DOCUMENT # J45462

1. Entity Name
RWH PROPERTIES, INC.



Principal Place of Business
**2355 GULF OF MEXICO DR.
UNIT 2 E 1
LONGBOAT KEY FL 34228
US**

Mailing Address
**2355 GULF OF MEXICO DR.
UNIT 2 E 1
LONGBOAT KEY FL 34228
US**



2. Principal Place of Business
2377 GULF OF MEXICO DR
Suite, Apt. #, etc.

3. Mailing Address
2377 GULF OF MEXICO DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 59-2766498	Applied For
Zip		Country			Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOFFMAN, ROBERT W. 2355 GULF OF MEXICO DR UNIT 2 E 1 LONGBOAT KEY FL 34228		Name Street Address (P.O. Box Number is Not Acceptable) 2377 GULF OF MEXICO DR. 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 _____

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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, WILLIAM R. 2355 GULF OF MEXICO DR, 2 E 1 LONGBOAT KEY FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2377 GULF OF MEXICO DR, 2 E 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOFFMAN, ROBERT W. 2355 GULF OF MEXICO DR, 2 E 1 LONGBOAT KEY FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2377 GULF OF MEXICO DR, 2 E 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **REQUIRED** **4/9/03** **944 383 7070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/02)