

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90088 004 ***150.00

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DOCUMENT # K43128

1. Entity Name

GOLD COAST BLUEPRINTING, INC.

Changed to LRW, INC.

N/C (AM) ✓

Principal Place of Business

Mailing Address

**12189 US HIGHWAY #1
 NORTH BEACH PLAZA #6
 NORTH PALM BEACH FL 33408**

**12189 US HIGHWAY #1
 NORTH BEACH PLAZA #6
 NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

444 Prosperity Farms

444 Prosperity Farms Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

North Palm Beach, Fl.

North Palm Beach, Fl.

4. FEI Number

65-0082478

Applied For

Not Applicable

Zip

Country

Zip

Country

33408

U.S.A.

33408

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKINS, LINDA R.
 444 PROSPERITY FARMS ROAD
 NORTH PALM BEACH FL 33408**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **WILKINS, LINDA R.**
 STREET ADDRESS **444 PROSPERITY FARMS RD**
 CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **0** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: Linda R. Wilkins, President **3-15-2002 (561) 842-3869**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)