

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94409

1. Entity Name

CWS SYSTEMS INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90036 022 ***150.00

Principal Place of Business

Mailing Address

RT 3 BOX 373
BONIFAY FL 32425
US

P.O. BOX 727
BONIFAY FL 32425-0727

2. Principal Place of Business

3. Mailing Address

2692 EAST-WEST PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONIFAY, FL

City & State

4. FEI Number

59-2956729

Applied For

Not Applicable

Zip

Country

32425 HOLMES

Zip

Country

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

SMITH, CHARLES

~~RT 3 BOX 373~~ 2692 EAST-WEST PKWY.
BONIFAY FL 32425

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

Charles W. Smith, PRES.

2/22/00

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 P ☐ Delete
NAME SMITH, CHARLES
STREET ADDRESS ~~RT 3 BOX 373~~ 2692 EAST-WEST PKWY
CITY-ST-ZIP BONIFAY FL

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

TITLE ST ☐ Delete
NAME SMITH, PAULINE
STREET ADDRESS ~~RT 3 BOX 373~~ 2692 EAST-WEST PKWY.
CITY-ST-ZIP BONIFAY FL

TITLE ☐ 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:

Charles W. Smith CHARLES W. SMITH 2/22/00 850-547-2045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)