

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90755 045 *****50.00

DOCUMENT # L01000008539

1. Entity Name

CTW ENTERPRISES, LLC



Principal Place of Business

**3780 BURNS ROAD, SUITE 6
PALM BEACH GARDENS FL 33410**

Mailing Address

**3780 BURNS ROAD, SUITE 6
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

814 14th Street

Suite, Apt. #, etc.

3. Mailing Address

814 14th Street

Suite, Apt. #, etc.

City & State

Lake Park FL

City & State

Lake Park FL

Zip

33403

Country

USA

Zip

33403

Country

USA

4. FEI Number

65-1108368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILSON, CHRISTOPHER T
3780 BURNS ROAD, SUITE 6
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **WILSON, Christopher T.**

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

814 14th Street

City

Lake Park

FL

Zip Code

33403

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **WILSON, CHRISTOPHER T**
STREET ADDRESS **3780 BURNS ROAD #6**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **ST** ☐ Delete
NAME **WILSON, TIMOTHY B**
STREET ADDRESS **3780 BURNS ROAD #6**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **WILSON, Christopher T.**
STREET ADDRESS **814 14th Street**
CITY-ST-ZIP **Lake Park FL 33403**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **814 14th Street**
CITY-ST-ZIP **Lake Park FL 33403**

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/21/03 561-844-8778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0028128