FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90079 006 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012796

1. Entity Name
TPW, LLC

10103345

Principal Place of Business	Mailing Address
~~3260 UNIVERSITY BLVD.~~ ~~SUITE 210~~ ~~WINTER PARK, FL 32792~~	~~3260 UNIVERSITY BLVD.~~ ~~SUITE 210~~ ~~WINTER PARK~~, FL 32792

2. Principal Place of Business	3. Mailing Address
2174 Glencoe Rd.	2174 Glencoe Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, Fl	City & State: Winter Park, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0575174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HADDOCK, EDWARD E JR. ~~3260 UNIVERSITY BLVD.~~ ~~SUITE 210~~ WINTER PARK, FL ~~32792~~	Name: Street Address (P.O. Box Number is Not Acceptable): 3300 Univ. Blvd. Suite 218 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 [signature] 4/10/03
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAYES, SUZANNE 2174 GLENCOE RD WINTER PARK, FL 32789 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Suzanne P Hayes 5/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #