

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008617

## DOCUMENT #

1. Entity Name

CWF INVESTMENTS, L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5473 JETPORT INDUSTRIAL BLD

3. Mailing Address

5473 JETPORT INDUSTRIAL BLD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-362-0574

Applied For

Not Applicable

Zip

33634

Country

US

Zip

33634

Country

US

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

Name

STEVEN W MOORE

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

2240 BELLEAIR ROAD

SUITE 100

City

CLEARWATER

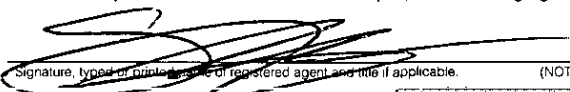
FL

Zip Code

33764

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



(NOTE: Registered Agent signature required when reinstating)

DATE

4-07-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

TITLE

MANAGER

☐ Delete

NAME

CHARLES W FERT JR

STREET ADDRESS

5473 JETPORT INDUSTRIAL BLD

CITY-ST-ZIP

TAMPA FL 33634

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

400003260364-0000

-05/22/00--01013--006

\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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 60B, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/14/00

Date

813-886-5597

Daytime Phone #

CR2E083 (11/99)