

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000803

1. Entity Name

TSW CONVERSIONS, INC.

FILED

00 MAR 23 PM 3:41

Principal Place of Business
138 PALM COAST PARKWAY NE STE 345
PALM COAST FL 32137

Mailing Address
138 PALM COAST PARKWAY NE STE 345
PALM COAST FL 32137

SECRETARY OF STATE

FLORIDA

3/03/00 10:20:00 163.75



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4 FAIRFAX CT. Palm Coast FL 32137

3. Mailing Address
Suite, Apt. #, etc.

City & State
PALM COAST, FL

City & State

Zip
32164

Country
FLAGLER

Zip

Country

4. FEI Number
59-3614336

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALENZA, STANLEY J
4 FAIRFAX COURT
PALM COAST FL 32164

7. Name and Address of New Registered Agent
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 Stanley J Walenza DATE Feb 29 2000
(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
STANLEY J. WALENZA
4 FAIRFAX CT.
PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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: Stanley J Walenza DATE 3/29/00 DAYTIME PHONE # 904-446-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)