

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010834

1. Entity Name

TSW INTERNATIONAL CORPORATION

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90507 006 ***150.00

Principal Place of Business

%COAST TO COAST INVESTMENT GROUP INC.
5051 CASTELLO DR., #17
NAPLES FL 34103

Mailing Address

%COAST TO COAST INVESTMENT GROUP INC.
5051 CASTELLO DR., #17
NAPLES FL 34103

2. Principal Place of Business

100 EAST LINTON BLVD

3. Mailing Address

c/o STAHL & ASSOCIATES

Suite, Apt. #, etc.

SUITE # 133A

Suite, Apt. #, etc.

138 NORTH SWINTON AVENUE

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

Zip

33444

Country

USA

4. FEI Number

65-0977055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLLER, PETNA

%COAST TO COAST INVESTMENT GROUP INC.

5051 CASTELLO DR., #17

NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

JAMES F. STAHL

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

c/o STAHL & ASSOCIATES, P.A.

138 NORTH SWINTON AVENUE

City

DELRAY BEACH

FL

Zip Code

33444

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

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

JAMES F. STAHL, REGISTERED AGENT

(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, 2001 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 **D** ☐ Delete
NAME **HRUDKA, EDUARD**
STREET ADDRESS **LIEGLERSTRABE 38 1220 WIEN**
CITY-ST-ZIP **AUSTRIA**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **HRUDKA, EDUARD**
STREET ADDRESS **LIEGLERSTRASSE 38 1220 WIEN**
CITY-ST-ZIP **AUSTRIA**

TITLE **VP/S** ☐ Change ☒ Addition
NAME **BUTLER, ELEONORE J.**
STREET ADDRESS **2812 IMPERIAL CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

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

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

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

TITLE ☐ Change ☐ Addition
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: *Eleonore Butler*

ELEONORE BUTLER, VP/S

3/6/2001

(561) 274-3626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)