

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90509 030 ***150.00

DOCUMENT # P00000064819

1. Entity Name
E.W.W. SERVICES INTERNATIONAL, INC.

Principal Place of Business 3857 GAINES DRIVE S.E. WINTER HAVEN FL 33884	Mailing Address 3857 GAINES DRIVE S.E. WINTER HAVEN FL 33884
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 907 N. Wilson Ave.	3. Mailing Address 907 N. Wilson Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bartow, FL	City & State Bartow, FL
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4. FEI Number 59-3660108	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33830	Country USA	Zip 33830	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WITMAN, EDGAR W
3857 GAINES DRIVE S.E.
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent
 Name **Edgar W. Witman JR.**
 Street Address (P.O. Box Number is Not Acceptable)
3857 Gaines Drive
 City **Winter Haven FL** Zip Code **33884**

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: *Edgar W. Witman Jr.* **Edgar W. Witman JR.** DATE **2/16/01**
Signature typed or printed name of registered agent and title if applicable (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, 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 President	<input type="checkbox"/> Delete	
NAME Edgar W. Witman JR.		
STREET ADDRESS 3857 Gaines Drive		
CITY-ST-ZIP Winter Haven, FL 33884		
TITLE Vice President	<input type="checkbox"/> Delete	
NAME Lori H Witman		
STREET ADDRESS 3857 Gaines Drive		
CITY-ST-ZIP Winter Haven FL 33884		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edgar W. Witman Jr.* **Edgar W. Witman JR.** DATE **2/16/01** DAYTIME PHONE # **863-519-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR 1 2001

CR2E034 (10/00)