

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102869

1. Entity Name
WITS END CORPORATION

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90128 021 ***158.75

C0044230



DO NOT WRITE IN THIS SPACE

Principal Place of Business
104 SUFFORK DR
ROYAL PALM BCH FL 33411

Mailing Address
104 SUFFORK DR
ROYAL PALM BCH FL 33411

2. Principal Place of Business
104 SUFFOLK DR

3. Mailing Address
(SAME)

Suite, Apt. #, etc.

City & State
ROYAL PALM BEACH

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33411

Country
FL

Zip
33411

Country
FL

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWLER, DAVE
104 SUFFORK DR
ROYAL PALM BCH FL 33411

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 **Dave Lawler (DAVE LAWLER)**

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT (P)
DAVE LAWLER
104 SUFFOLK DR
ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VICE PRESIDENT (VP)
LUIS LAWLER
104 SUFFOLK DR
ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

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: **Dave Lawler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/1

Date

561.718.9493

Daytime Phone #

CR2E034 (10/00)