2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Sep 12, 2001 8:00 am Secretary of State DOCUMENT # 1. Entity Names * 100000 104407 09-12-2001 90004 009 ***150.00 H.T. W. INVESTMENTS, INC 978091 2. Principal Place of Business 3. Mailing Address 1810 SABEL 20183 DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE <u>u</u>___ 4. FEI Number City & State City & State Applied For 1058722 DEACH EERGELD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOLKER S . 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 Minted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY-1; 2001: Fee will be \$550.00 ---Trust.Fund:Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS P. S.T. VE TITLE ☐ Delete NAME WOLKERS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE:

TRURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

978091

H.T.W. INVESTMENTS, INC. 1810 Sabel Drive Deerfield Beach Florida 33432

August 23rd, 2001

The Department of State Division of Corporations Tallahassee Florida

Dear Sirs:

RE: H.T.W. Investments, Inc. P00000104407

We changed our address in December 2000 and filled out the relevant address change forms at the post office.

However, we never received the Annual Corporate Renewal form through the mail and only after our CPA asked us this month if we had paid the bill did we realize that the payment had not been made. We would appreciate it if you would accept the enclosed check-for-\$ 150.00 and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,

J⁹ Wolkers (Pres)