2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009377

Entity Name
TCW, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:53

Principal Place of Business
1000 BROWARD ROAD STE 514
JACKSONVILLE FL 32218
12636 Shark Rd E
Jax Fl 32226

Mailing Address
1000 BROWARD ROAD STE 514
JACKSONVILLE FL 32218
12636 Shark Rd E
Jax Fl 32226

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3694719 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUYRES, DAVID
1600 PARK AVE STE 5
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name: Muyres, David
Street Address (P.O. Box Number is Not Acceptable): 1409 Kingsley Ave
Building 2
City: Orange Park FL Zip Code: 32073

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] David J. Muyres — 1/20/02
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, 2002 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	D WILLEY, SANDY 1000 BROWARD ROAD STE 514 JACKSONVILLE FL 32218 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200019189192 05/16/03--01066--021 **150.00
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CR2E034 (9/01)

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: Sandy D. Willey, President — 1-13-02 — 904-591-3067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sandy D. Willey 5-1-03 5/14