FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 APR 22 AM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013561

Entity Name

TWY GROUP INC

DO NOT WRITE IN THIS SPACE

2002-2003 UBR

04/23/02-90322-035 $150.00
04/09/03-90198-020 $150.00

Principal Place of Business	Mailing Address
16014 N HWY 441	16014 N HWY 441
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EUSTIS FL	City & State: EUSTIS FL
Zip: ~~32778~~ 32726 Country: LAKE	Zip: EUSTIS FL Country: LAKE

FEI Number: 59-3694262 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CHANKRAKANT YADAV

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

~~104 VISTA Avenue~~
~~319 E ROSEWOOD LANE~~

City: ~~TAVARES~~ EUSTIS FL Zip Code: ~~32778~~ 32726

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: C. S. Yadav 04/05/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	CHANDER YADAV
STREET ADDRESS	104 VISTA AVE
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	VP
NAME	ASHOK TYAGI
STREET ADDRESS	745 E ROSEWOD LAND
CITY-ST-ZIP	TAVARES FL 32778
TITLE	T
NAME	RAM KRISHAN WADHAWA
STREET ADDRESS	419 W ROSEWOOD LANE
CITY-ST-ZIP	TAVARES FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034R (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: C. S. Yadav 04/05/03 352 357 4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #