FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90092 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025487

1. Entity Name
TWR CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 4470 N. FRANCIS RD. LOT X		Suite, Apt. #, etc. 4470 N. FRANCIS RD. LOT X	
City & State ST. AUGUSTINE, FL.		City & State ST. AUGUSTINE, FL.	
Zip 32095	Country USA	Zip 32095	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3706499 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name THOMAS W. RICHARDSON

Street Address (P.O. Box Number is Not Acceptable)
4470 N. FRANCIS RD. LOT X

City ST. AUGUSTINE **FL** Zip Code 32095

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 ______________________________ DATE
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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/V/T/S/D/C/M	TITLE	
NAME	THOMAS W. RICHARDSON	NAME	
STREET ADDRESS	4470 N. FRANCIS RD. LOT X	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas W. Richardson 4/25/02 904-607-2364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #