2002 UNIFORM BUSINESS REPORT (UBR)

| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S | DOCU 1. Entity Nan CWP, INC | ne | # P01000 | 0029518 | | | | Secreta 01-31-2002 9 | ry o | of Sta | ate | |
|---|---|--|--|--|------------------------|--|---------|---|---------------|--------------|-----------------|--|
| Side. Apt. 4, etc. DO NOT WRITE IN THIS SPACE A Presentation of Status Desires Status D | 7153 CATANIA DRIVE 7153 CATANIA DRIVE | | | | | | | | | | | |
| City & State Country Zip Country Zip Country S. Certificate of State Deserted S. Sart State Deserted Sart Stat | 2. Principal Place of Business 3. Mailing Address | | | | | | | ! ! !(!! !!! !!! !!!! !!!!! !!!!! !!!!!! | | | 11001 1011 1001 | |
| Second control of the purpose of changing its registered agent, or both, in the State of Florida. Second control of the purpose of changing its registered agent, or both, in the State of Florida. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| Set Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named enthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named enthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named enthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named enthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named enthy submits this statement of the floridate. 8. In the above named enthy submits this statement of the floridate. 8. In the above named enthy submits this statement of the floridate. 8. In the above named enthy submits this statement of the purpose of changing its registered Agent named agent, or both, in the State of Florida. 8. In the above named enthy submits this statement of the purpose of changing its registered Agent named | City & Stat | te | | City & State | | | 4. | FEI Number 5-10032 | | | | |
| Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) | Zip Country | | | Zip | try | 5 Certificate of Status Desired \$8.75 Additional | | | | | | |
| Stock Address (P.O. Box Number is Not Acceptable) Proposition Propo | | 6. Name | and Address of Current R | egistered Agent | | Name | 7. 1 | Name and Address of New Re | gistered A | gent | | |
| 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 Signature, yinds for please deeper and the Exceptibility 9. This corporation is eligible to satisfy its internigible 1. The internity of the purpose of changing its registered agent agen | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| B. 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, speak or priest name of registered agent and take 4 spaticable. MOTE Registered Agent agrainant entitles MOTE MOT | BOYNTON BEACH FL 33437 | | | | | | | | | | | |
| SIGNATURE 5. This corporation is eligible to satisfy its Intangible (See criterion on back) 6. Trax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 Make Check Payable to Department of State 7. Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$55,000 May 2e and \$50,000 Make Check Payable to Department of State Payable | | | | | | City | | | FL | Zip Code | e | |
| TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS SIREET | 9. This corpo | oration is elig | ible to satisfy its Intangible and elects to do so. | FILE NOW! | !! FEE 02 Fee | IS \$150.00 will be \$550.00 | 0 | 10. Election Campaign Final | ncing _ | | | |
| NAME SIREET ADDRESS OTTY-ST-ZIP TITLE NAME SIREET ADDRESS OTTY-ST-ZIP TITLE NAME SIREET ADDRESS OTTY-ST-ZIP TITLE NAME SIRET ADDRESS OTTY-ST-ZIP TITLE NAME SIRET A | | l n | OFFICERS AND D | | _ | | AC | DDITIONS/CHANGES TO OFFIC | ERS AND | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET | NAME STREET ADDRESS | GAYNES, 7153 CAT | ania drive | L.J. Delete | NAM STRE | E ET ADDRESS | | | | Change | ☐ Addition | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS 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 it changed, or on an attachment with an address, with all other like empowered. | NAME STREET ADDRESS | | | □ Delete | NAMI | E ET ADDRESS | | | | Change | Addition | |
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| SIGNATURE: Date Dayling OFFICER OR DIRECTOR Date Dayling Phone # | indicated of the cor changed, | on this repor poration or th , or on an atta | t or supplemental report is tree receiver or trustee empowers the receiver or trustee empowers with an address, with the supplement with an address, with the supplemental reports to the supplemental | rue and accurate and that need to execute this report that all other like empowered. | ny signat as requir | cure shall have the | ne same | legal effect as if made under oa | th; that I ar | n an officer | or director | |