2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000048764

1. Entity Name

WW TUMBLING, INC.



FILED Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90055 036 ***150.00

TOMBERO, INC.										
Principal Place of Business 2030 REBECCA DRIVE CLEARWATER FL 33764		Mailing Address 2030 REBECCA DRIVE CLEARWATER FL 33764					1151 20 151 31 514 1106	1	a yaya a y a a 1864	
-2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			A F	A FELN when				
						59-3720069			ot Applicable	1
Žip	Country	Zip Counti		у	5. Certificate of Status Desire			S8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent			7. N	ame and Address of New I	Registered Ag	ent		-
	MILLIANA 175			Name						ł
	VILLIAM JR ECCA DRIVE		Street Address			(P.O. Box Number is Not Acceptable)				
	TER FL 33764									1
			<u>\$</u>	City			FL	Zip Cod	ie	1
	named entity submits this statement ions of registered agent.	for the purpose of changing its	s registered	d office or regi	stered age	ent, or both, in the State of Fl	orida. I am fan	niliar with,	and accept	1
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered /	Agent signature req	uired when rei	nstating)	DATE			
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After	ILE NOW!!!_FEE IS \$150.00. May 1, 2003 Fee will be \$550.00)			التميحين	•• • • • • • • • • • • • • • • • • • •)0 -May·Be d to Fees	-
r	Payable to Florida Department		•		ADI	DITIONS/CHANGES TO OF	TICEDO AND D	IDECTOR	PC INI 11	}
TITLE	OFFICERS AN	D DIRECTORS Delete	11.		ADI	DITIONS/CHANGES TO OF		Change	Addition	18
NAME	WILDER, WILLIAM JR	L Delete	NAME						_	(10/02)
STREET ADDRESS	2030 REBECCA DRIVE			ADDRESS						F032
CITY-ST-ZIP	CLEARWATER FL 33764		CITY-S	SI-ZIP			г	☐ Change	Addition	1 12
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12. I hereby of	pertify that the information supplied w	ith this filing does not qualify fo	or the exem	iption stated in	n Section 1	гэ.∪/(З)(I), Figrida Statutes	. i furtner certif	y tnat tne	mormation	1

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

Daytime Phone #