2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90147 022 ***150.00

DOCUMENT # P01000089118

1. Entity Name
P.W. MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1475 WEST CYPRESS CREEK ROAD SUITE 204 FORT LAUDERDALE FL 33309	1475 WEST CYPRESS CREEK ROAD SUITE 204 FORT LAUDERDALE FL 33309

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1404 E. BROWARD BLVD	1404 E. BROWARD BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. FEI Number 65-1134342 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDING, STEPHEN M
1475 WEST CYPRESS CREEK ROAD
SUITE 204
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: WIGODA, PAUL
Street Address (P.O. Box Number is Not Acceptable): 1404 E. BROWARD BLVD
City: FORT LAUDERDALE **FL** Zip Code: 33301

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 [signature] PAUL WIGODA 4/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGODA, PAUL 1475 WEST CYPRESS CREEK ROAD SUITE 204 FORT LAUDERDALE FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition WIGODA, PAUL 1404 E. BROWARD BLVD FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PAUL WIGODA 4/1/03 954-463-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #