

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 001000106964

1. Entity Name

RCW INC.

Principal Place of Business

Mailing Address

310 W. CENTRAL PARKWAY, SUITE 7500  
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

3. Mailing Address

310 W. CENTRAL PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 7500

City & State

City & State

ALTAMONTE SPRINGS, FL

Zip

Country

Zip

Country

32714

US

4. FEI Number

59-3755712

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN WILLIAMS  
101 HOLLOW BRANCH RD.  
APOKA, FL 32703

Name

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RYAN WILLIAMS - PRESIDENT  
310 W. CENTRAL PARKWAY, SUITE 7500  
ALTAMONTE SPRINGS, FL 32714

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

*RCW*

RYAN WILLIAMS

4-30-02

321-689-5680

FILED

02 MAY -3 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE