2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

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TILED Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90155 022 422

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. W. RE	EALTY, INC							03-19-2003	90155 03°	7 ***150	.00
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Security Spring	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. SIGNATURE SIGNATURE STREET ADDRESS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS INT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INT. NAME NAME STREET ADDRESS OFFI-SI-ZP OFFICERS AND DIRECTORS STREET ADDRESS OFFI-SI-ZP OFFI	City & State			City	City & State			4. FEI Number 56-207262				
WINSLOW, CAROL A 48 SPRING GLEN DR DEBARY FL 32713 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Specific Spec	Zip		Country	Zip		Coun	try				ee Require	
WINSLOW, CAROL A 48 SPRING GLEN DR DEBARY FL 32713 City FL Zip Code		6. Name a	and Address of Currer	nt Registere	ed Agent	:	Nome	7. Name	and Address of New R	egistered Aç	jent	
A8 SPRING GLEN DR DEBARY FL 32713 6. 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. Lan formitiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS, \$150.00 After May 1, 2003 Fee will fee \$550.00 Make Cheek Ray 1, 2003 Fee Will fee W	WINGLOW	A/ CAROL A					Name		,			
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FILE NOW!!! FEE! \$\$150.00 After May 1, 2003 Fee wilf be \$550.00 Make Check Payable to Florida Department of State 10.				for the purp	ose of changing its re	egistere	ed office or regist	ered agent, o	r both, in the State of Flo	rida. I am fa	miliar with,	and accept
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes 1 further certify that the information	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE STREE STREE	-ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS	.15,80	**************************************		Change	Addition Addition

Inereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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.

GNATURE:

GNATURE:

3-73-3

386-668-3348

SIGNATURE:

386-668-3348