
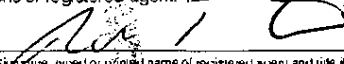
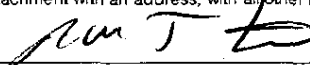


FILED  
Apr 24, 2003 8:00 am  
Secretary of State

04-24-2003 90278 037 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000048181</b>			
1. Entity Name <b>R W T INVESTMENTS, INC.</b>			
Principal Place of Business <b>12050 NW 3RD DR. CORAL SPRINGS, FL 33071</b>		Mailing Address <b>12050 NW 3RD DR. CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business <b>2695 GREENBRIAR DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2695 GREENBRIAR DRIVE</b> Suite, Apt. #, etc.	
City & State <b>WELLINGTON FL</b>		City & State <b>WELLINGTON FL</b>	
Zip <b>33414</b>	Country	Zip <b>33414</b>	
4. FEI Number <b>01-0670875</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TRAUTMAN, RONALD 12050 NW 3RD DR. CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>RONALD TRAUTMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2695 GREENBRIAR DRIVE</b> City <b>WELLINGTON FL</b> Zip Code <b>33414</b>	
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  <b>RONALD TRAUTMAN</b> DATE <b>4/21/03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>RONALD TRAUTMAN</b>		DATE <b>4/21/03</b> DAYTIME PHONE # <b>954-728-8883</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAYTIME PHONE #</small>	



☐ CHECK HERE IF MAKING CHANGES

11013911

CR2E034 (10/02)