

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91868 015 ***150.00

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

DOCUMENT # P02000065394			
1. Entity Name KTW INVESTMENTS, INC.			
Principal Place of Business POST OFFICE BOX 320293 TAMPA, FL 33679		Mailing Address POST OFFICE BOX 320293 TAMPA, FL 33679	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 02-0634998	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, TODD F 442 W. KENNEDY BLVD. SUITE 200 TAMPA, FL 33606		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent's signature required when appointing) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, KIMLYN POST OFFICE BOX 320293 TAMPA, FL 33679	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T WALL, KIMLYN P.O. 320293 TAMPA, FL 33679	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <u>Kimlyn Wall</u> <u>Kimlyn Wall</u> <u>4/30/03</u> <u>813-831</u> 8329			

CR2E034 (10/02)