

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90395 019 ***150.00

DOCUMENT # *P02000127433*

1. Entity Name

P & W CONSULTANTS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6860 GULFPORT BLVD.S.

3. Mailing Address

6860 GULFPORT BLVD.S.

Suite, Apt. #, etc.

#163

Suite, Apt. #, etc.

#163

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERS BURG FLORIDA

City & State

ST. PETERS BURG FLORIDA

4. FEI Number

16-1642485

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEPHEN SIMONE CPA.

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

6439 CENTRAL AVENUE

City

ST. PETERS BURG

FL

Zip Code

33710-8411

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul C Sedred

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 17 2003

Date

727-560-9574

Daytime Phone #

CR2E034B (12/02)