


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90731 010 ***158.75

0012491 AT

DOCUMENT # P02000131075	
1. Entity Name CWTS, INC.	

Principal Place of Business 308 S 33 STREET FORT PIERCE FL 34947	Mailing Address 308 S 33 STREET FORT PIERCE FL 34947
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2. Principal Place of Business 574 SE PORT ST LUCIE B Suite, Apt. #, etc.	3. Mailing Address 574 SE PORT ST LUCIE B Suite, Apt. #, etc.
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City & State PORT ST. LUCIE FL	City & State PORT ST. LUCIE FL
Zip 34984	Zip 34984
Country USA	Country USA



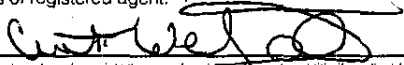
☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent	
WETZEL, CURT 308 S 33 STREET FORT PIERCE FL 34947	

4. FEI Number 16-1643416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name: WETZEL, CURTIS	
Street Address (P.O. Box Number is Not Acceptable): 1832 SW ERIE ST	
City: PORT ST LUCIE FL	Zip Code: 34953

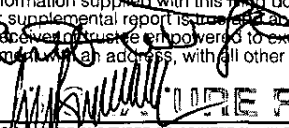
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  CURT WETZEL PRESIDENT 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WETZEL, CURT 308 S 33 STREET FORT PIERCE FL 34947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WETZEL, CURTIS 1832 SW ERIE ST PORT ST. LUCIE FL 34953 <input checked="" 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	CEO/O BENEDICTER, WALTER 574 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34984 <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 to this report, with all other like information.

SIGNATURE:  CURT WETZEL PRESIDENT 4/21/03 772 344 2999
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)