DOCUMENT # P36437 1. Entity Name TWS SYSTEMS, INC. Principal Place of Business Mailing Address 2494 BAYSHORE BLVD SUITE 200 2494 BAYSHORE BLVD SUITE 200 **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

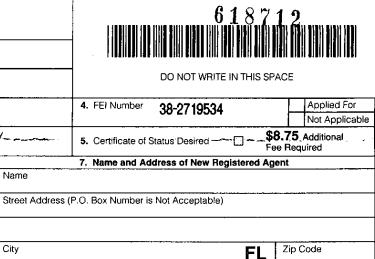
Signature, typed or printed name of registered agent and title if applicable

City & State

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.

FILED Feb 06, 2001 8:00 am Secretary of State

02-06-2001 90295 040 ***150.00



DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		50.00	Election Campaign Financing Trust Fund Contribution.		0 May Be d to Fees
11. OFFICERS AND DIRECTORS			12.	. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT STAPLETON, TERRANCE W. 1511 N WESTSHORE BLVD STE 52 TAMPA, FL 33615 33607	□ Delete 2 5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Staple 1810 no Tarpon	ton, Terrence W ariner Dr #401 Springs Fl 3461	⊠ Change	☐ Addition
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Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

I nereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

City & State

SIGNATURE

LA PLANT, ROBERT E CPA

TAMPA FL 33602

201 EAST KENNEDY BLVD, SUITE 715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR