FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90137 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20028180

DOCUMENT # P39247

1. Entity Name
BWA MANAGEMENT LIMITED, INCORPORATED

Principal Place of Business	Mailing Address
8625 PISA DR 1124 ORLANDO, FL 32810 300 Columbia Dr #3501 Cape Canaveral Fl 32920	8625 PISA DR 1124 ORLANDO, FL 32810

2. Principal Place of Business	3. Mailing Address
300 Columbia Dr	300 Columbia Dr
Suite Apt. #, etc. 3501	Suite, Apt. #, etc. Suite 3501
City & State Cape Canaveral Fl	City & State Cape Canaveral
Zip Country 32920	Zip Country 32920

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3261325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPENCE, STEWART H. 8625 PISA DR 1124 ORLANDO, FL 32810 →	Name STEWART SPENCE Street Address (P.O. Box Number is Not Acceptable) 300 Columbia Dr #3501 City Cape Canaveral FL Zip Code 32920

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 _____ 4/1/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1st 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS TUFTS, DOUG PARLIAMENT & CHURCH ST. HAMILTON, BERMUDA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MANUEL, BILL PARLIAMENT & CHURCH ST. HAMILTON, BERMUDA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPENCE, STEWART 8625 PISA DR ORLANDO, FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: _____ 4/1/03 321-231-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #