

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90022 019 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000054161

1. Entity Name
H.W. PROPERTIES, INC.

Principal Place of Business 1509 JERSTAD WAY KISSIMMEE FL 34746 US	Mailing Address 1509 JERSTAD WAY KISSIMMEE FL 34746 US
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2. Principal Place of Business 901 OXFORD DR Suite, Apt. #, etc.	3. Mailing Address 901 OXFORD DR Suite, Apt. #, etc.
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City & State Clearwater, Florida	City & State Clearwater Florida
Zip 33764	Country Pineellas

4. FEI Number 65-0427925	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WEIBLING, DONALD M
 1509 JERSTAD WAY
 KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name D. A. Harrison
Street Address (P.O. Box Number is Not Acceptable) 901 OXFORD DRIVE
City Clearwater
State FL
Zip Code 33764

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.

SIGNATURE *D. A. Harrison* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, DONALD A 901 OXFORD DR CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEIBLING, JAMES M 220 REMUDA DRIVE CLOVIS NE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEIBLING, DENNIS 4840 STANLEY AVE FORT WORTH TX 76115 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEIBLING, JANET M 9125 LAKE WASHINGTON BLVD NE BELLEVUE WA 98004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEIBLING, DONALD M 1509 JERSTAD WAY KISSIMMEE FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEIBLING, GENE L 1509 JERSTAD WAY KISSIMMEE FL 34746 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition no change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition no change

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gene L. Weibling* **Gene L. Weibling VP (407) 932-1943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)