

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90373 029 \*\*\*550.00

**DOCUMENT # P93000054161**

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

**B0127571**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 901 OXFORD DR.  
 CLEARWATER FL 33764  
 US

Mailing Address  
 901 OXFORD DR.  
 CLEARWATER FL 33764  
 US

2. Principal Place of Business  
**39 Bay St.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 68**  
 Suite, Apt. #, etc.

City & State  
**Ozona, FL**

City & State  
**Ozona, FL**

4. FEI Number **65-0427925** Applied For  
 Not Applicable

Zip Country  
**34660 USA**

Zip Country  
**34660 USA**

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

6. Name and Address of Current Registered Agent  
**HARRISON, D.A.**  
**901 OXFORD DR.**  
**CLEARWATER FL 33764**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**39 Bay St.**  
 City **Ozona** FL Zip Code **34660**

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 *Donald A. Harrison* DATE 7/2/02  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<input type="checkbox"/> Delete <b>P. HARRISON, DONALD A 901 OXFORD DR CLEARWATER FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP WEIBLING, DENNIS 4840 STANLEY AVE FORT WORTH TX 76115</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>ST WEIBLING, JANET M 9125 LAKE WASHINGTON BLVD NE BELLEVUE WA 98004</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP WEIBLING, DONALD M 1509 JERSTAD WAY KISSIMMEE FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP WEIBLING, GENE L 1509 JERSTAD WAY KISSIMMEE FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address <b>39 Bay St. Ozona, FL 34660</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address <b>9125 Lake Washington Blvd. N.E. Bellevue, WA 98004</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address <b>39 Bay St. Ozona, FL 34660</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald A. Harrison* DATE 7/2/02 TIME PHONE # 727-448-0920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)