2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000063141

1. Entity Name

DOCUMENT #

R. & W. SALES AND SERVICES, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90683 045 ***150.00

Principal Place 300 GOLF VIET UNIT 302 N. PALM BCH. US 2. Principal P Suite, Apt.	W RD. FL 33408 lace of Business	Mailing Address 300 GOLF VIEW RD. UNIT 302 N. PALM BCH. FL 334 US 3. Mailing Address Suite, Apt. #, etc.	GOLF VIEW RD. 1 302 ALM BCH. FL 33408 Alling Address			☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 65-0512731	Applied For Not Applicable	
Zip	Country	Zip	Cou	ntry		75 Additional Required	
6. Name and Address of Current Registered A				1	7. Name and Address of New Registered Agen	7. Name and Address of New Registered Agent	
DAWLEY, 300 GOLF N. PALM I		Name Street Address City		iss (P.O. Box Number is Not Acceptable)			
				FL	Zip Code		
the obligat	named entity submits this statement ions of registered agent.				egistered agent, or both, in the State of Florida. I am famili	ar with, and accept	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registe	red Agent signature	required when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	oo t of State	· ·		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 11	
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-10	OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
10.		TITLE	☐ Change ☐ Addi	ition
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NAME	DAWLEY, RONALD E.	NAME		:
STREET ADDRESS	300 GOLF VIEW RD., UNIT 302	STREET ADDRESS		
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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP