

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2000 8:00 am**
Secretary of State

02-07-2000 90007 042 ***150.00

DOCUMENT # P96000015561

1. Entity Name

C & W INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**1025 HYDE PARK CIRCLE
WINTER GARDEN FL 34787****1025 HYDE PARK CIRCLE
WINTER GARDEN FL 34787-5813****80015259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3368258

Applied

Not Applied

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASHBURN, ERIC S
102 E. MAPLE STREET
WINTER GARDEN FL 34787**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** ...
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
CRISP, PAUL D
P.O. BOX 188 N/A
NASHVILLE GA 31639-0188TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
WILLIAMS, J. RALPH JR
1025 HYDE PARK CIRCLE
WINTER GARDEN FL 34787TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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CITY-ST-ZIP
☐ 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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Ralph Williams Jr. **2-1-00** **407 8771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #