## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P96000036616 May 01, 2000 8:00 am Secretary of State P & W SERVICES, INC. 05-01-2000 90044 034 \*\*\*150.00 Principal Place of Business Mailing Address RT 3 BOX 495 RT 3 BOX 495 MADISON FL 32340 MADISON FL 32340-9544 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3384940 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLETCHER, W H Street Address (P.O. Box Number is Not Acceptable) ROUTE 3, BOX 495 MADISON FL 32340 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE ☐ Addition TITLE NAME FLETCHER, W H NAME STREET ADDRESS ROUTE 3, BOX 495 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADISON FL 32340 ☐ Change ☐ Addition □ Delete TITLE NAME FLETCHER. PHILLIS E NAME STREET ADDRESS ROUTE 3, BOX 495 STREET ADDRESS MADISON FL 32340 CITY-ST-ZIP CITY-ST-ZIP--Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

SIGNING OFFICER OF DIRECTOR

UDIES