

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90105 022 ***150.00

DOCUMENT # P96000082080

1. Entity Name
TMW, INC.



Principal Place of Business
WILLIAM T. MACPHERSON
141 SUNRISE DRIVE
FORT PIERCE FL 34945

Mailing Address
WILLIAM T. MACPHERSON
141 SUNRISE DRIVE
FORT PIERCE FL 34945

2. Principal Place of Business
174 Dusk Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 12177
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State
Fort Pierce, FL

City & State
Fort Pierce, FL

4. FEI Number **65-0714917**

Applied For
Not Applicable

Zip *34979-2177* **Country** *St. Lucia*

Zip *34979-2177* **Country** *St. Lucia*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACPHERSON, WILLIAM T
141 SUNRISE DRIVE
FORT PIERCE FL 34945

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MACPHERSON, WILLIAM T**
STREET ADDRESS **141 SUNRISE DRIVE**
CITY-ST-ZIP **FORT PIERCE FL 34945**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/03

Daytime Phone #

CR2E034 (10/02)