

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009279

1. Entity Name

S.P.W. INTERNATIONAL, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90144 044 \*\*\*150.00

|  |  |
|--|--|
| Principal Place of Business<br>10907 W. CLAIRMONT CIRCLE<br>TAMARAC FL 33321 | Mailing Address<br>10907 W. CLAIRMONT CIRCLE<br>TAMARAC FL 33321 |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|               |            |                |
|---------------|------------|----------------|
| 4. FEI Number | 65-0732817 | Applied For    |
|               |            | Not Applicable |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>MILICH, PHILIP<br>10907 W CLAREMONT CIRCLE<br>TAMARAC FL 33321 |
|---|

|  |                       |
|--|-----------------------|
| 7. Name and Address of New Registered Agent        |                       |
| Name   | Milich, Willis Sondra |
| Street Address (P.O. Box Number is Not Acceptable) |                       |
| 10907 W Clairmont Circle                           |                       |
| City   | Tamarac FL 33321      |

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: *Willis Sondra Milich* Willis Sondra Milich DATE: 1/21/01  
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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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                      | P   |
| NAME                       | MILICH, PHILIP <input type="checkbox"/> Delete        |
| STREET ADDRESS             | 10907 W CLAREMONT CIRCLE                              |
| CITY-ST-ZIP                | TAMARAC FL 33321                                      |
| TITLE                      | VS  |
| NAME                       | MILICH, WILLIS SONDRA <input type="checkbox"/> Delete |
| STREET ADDRESS             | 10907 W CLARMONT CIRCLE                               |
| CITY-ST-ZIP                | TAMARAC FL 33321                                      |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME  | Milich, Willis Sondra   |
| STREET ADDRESS  | 10907 W Clairmont Circle  |
| CITY-ST-ZIP   | Tamarac, FL 33321   |
| TITLE   | VP/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | Milich, Philip  |
| STREET ADDRESS  | 10907 W Clairmont Circle  |
| CITY-ST-ZIP   | Tamarac, FL 33321   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

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: *Willis Sondra Milich* Willis Sondra Milich 754-718-8513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/21/01 Daytime Phone #

CR2E034 (10/00)

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