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May 12, 2001 8:00 am
Secretary of State
05-12-2001 90034 037 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010720

1. Entity Name

LKW CONSULTING, INC.

00062914

Principal Place of Business	Mailing Address
197 MONTGOMERY RD #110	197 MONTGOMERY RD #110
ALTAMONTE SPRINGS FL 32714	ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3424959 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WASSERMAN, GREGG
197 MONTGOMERY RD #110
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

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)

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D, VP, SEC, TREAS	WASSERMAN, GREGG	197 MONTGOMERY RD #100	ALTAMONTE SPRINGS FL 32714	☐ Delete
D, PRES	WASSERMAN, LENA	197 MONTGOMERY RD #100	ALTAMONTE SPRINGS	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

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: [signature] VP 4-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR