

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011201

1. Entity Name

T & W INSURANCE SERVICES, INC.

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90070 010 \*\*\*150.00

Principal Place of Business

11380 PROSPERITY FARMS ROAD  
SUITE 102  
PALM BEACH GARDENS FL 33410

Mailing Address

11380 PROSPERITY FARMS ROAD  
SUITE 102  
PALM BEACH GARDENS FL 33410-3450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0727219

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WIESENECK, BOB  
6191-4 RIVERWALK LANE  
JUPITER FL 33458

Name WIESENECK, BOB

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

8077 SE SUGAR PINES WAY

City HOBE SOUND

FL

Zip Code 33455

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME TONG, JAMES G  
STREET ADDRESS 11380 PROSPERITY FARMS RD #102  
CITY-ST-ZIP PALM BEACH GARDENS FL 33400 ☐ Delete

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

TITLE STD  
NAME WIESENECK, ROBERT  
STREET ADDRESS 6191-4 RIVERWALK LANE  
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE ☒ Change ☐ Add  
NAME  
STREET ADDRESS 8077 SE SUGAR PINES WAY  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Add  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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:

ROBERT WIESENECK

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000

561 691-4850