

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90276 012 ***150.00

0286615

DOCUMENT # P97000011201

1. Entity Name

T & W INSURANCE SERVICES, INC.

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****735939**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

824 US Hwy ONE #270

Suite, Apt. #, etc.

824 US Hwy ONE #270

City & State

NORTH Palm Beach, FL

City & State

NORTH Palm Beach, FL

Zip

33408

Country

USA

Zip

33408

Country

USA4. FEI Number **65-0727219**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WIESENECK, BOB
8077 SE SUGAR PINES WAY
HOBE SOUND FL 33455**

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) ☒**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	PD	<input type="checkbox"/> Delete
NAME	TONG, JAMES G	
STREET ADDRESS	11380 PROSPERITY FARMS RD #102	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33400	

TITLE	STD	<input type="checkbox"/> Delete
NAME	WIESENECK, ROBERT	
STREET ADDRESS	8077 SE SUGAR PINES WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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: *Robert Wieseneck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT WIESENECK

Date

3/29/01 561 691-4850

Daytime Phone #

CR2E034 (10/00)