## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000011201

Address:

City-St-Zip:

Entity Name: T & W INSURANCE SERVICES, INC.

8077 SE SUGAR PINES WAY

HOBE SOUND, FL 33455

FILED Apr 01, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
824 US HI SUITE 270	GHWAY ONE				
	, ALM BEACH, F	FL 33408			
Current Mailing Address:			New Mailing Address:		
SUITE 270	GHWAY ONE ) ALM BEACH, F	FL 33408			
FEI Number:	: 65-0727219	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
HOBE SO	:UGAR PINES UND, FL 3345	5 US			
	named entity see of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	gent	Date	
Election Car	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TONG, JAMES 5261 EAGLELA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	STD () WIESENECK, F	Delete ROBERT	Title: Name:	( ) Change( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WIESENECK STD 04/01/2003