2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000025760** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** T & W SONS, INC. 03-29-2000 90031 041 ***158.75 Mailing Address Principal Place of Business 2084 W. COLUMBINE ROAD 2084 W. COLUMBINE ROAD AVON PARK FL 32825 AVON PARK FL 33825-8928 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3445085 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TSE. ALBERTO J Street Address (P.O. Box Number is Not Acceptable) 2084 W. COLUMBINE ROAD **AVON PARK FL 32825** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE Delete TITLE TSE. YOLANDA NAME NAME 2084 W. COLUMBINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVON PARK FL 32825** Addition ☐ Change ☐ Delete TITI F TITLE WONG, EDGAR NAME STREET ADDRESS 2084 W. COLUMBINE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVON PARK FL 32825** ☐ Change ☐ Addition ☐ Delete TITLE TITLE TSE. TIN-SUNG NAME NAME STREET ADDRESS STREET ADDRESS 2084 W. COLUMBINE ROAD CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 32825 ☐ Change Addition ☐ Defete TITLE TITLE TSE. ALBERTO J NAME NAME STREET ADDRESS 2084 W. COLUMBINE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVON PARK FL 32825** Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2000 (941/453-7839