


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90229 011 ***558.75

DOCUMENT # P97000025760	
1. Entity Name T & W SONS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4731 CASON COVE DRIVE		3. Mailing Address 4731 CASON COVE DRIVE	
Suite, Apt. #, etc. APT. 1306		Suite, Apt. #, etc. APT. 1306	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32811	Country U.S.	Zip 32811	Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3445085		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Alberto J. Tse	
	Street Address (P.O. Box Number is Not Acceptable) 4731 CASON COVE DRIVE	
	APT 1306	
	City ORLANDO	FL Zip Code 32811

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Alberto J. Tse, Director** DATE **05/15/2003**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR YOLANDA, TSE 4731 CASON COVE DRIVE, APT. 1306 ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MASON, LIGIA 4731 CASON COVE DRIVE, APT. 1306 ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TSE, TIN-SUNG 4731 CASON COVE DRIVE, APT. 1306 ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TSE, ALBERTO J. 4731 CASON COVE DRIVE, APT. 1306 ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MASON, ANDREW 4731 CASON COVE DRIVE, APT. 1306 ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALBERTO J. Tse, Director** DATE **05/15/2003** DAYTIME PHONE # **407-8499759**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)