## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

1. Entity Name

P9700036782

P. W. Towng, Inc.



## FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91896 036 \*\*\*150.00

## DO NOT WRITE IN THIS SPACE

		F TAX SALE			
2. Principal Place of Business	3. Mailing Address		1		
		7th Ave.	1		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRIT	E IN THIS SPACE	
City & State	City & State		4. FEI Number		Applied For
Lauderheel	Fort Ldee		65-0755690	>	Not Applicable
Zip Country 33313 USA	zip FN 33312	Country	5. Certificate of Status Desired		5 Additional equired
The state of the s		Results 1 1 defeature	7. Name and Address of Current Registered Agent		
		Name Some	- consider de		<del></del>
DO NOT	NKIIE		(P.O. Box Number is Not Acceptable)	)	
IN THIS S	PACE				
					- <u>-</u> -
		City		FL   Zip	Code
8. The above named entity submits this statement	nt for the purpose of changing its re	egistered office or register	red agent, or both, in the State of Flo	rida. I am familiar	with, and accept
the obligations of registered agent.					
CONTROL PINLAGE WOO	ite			4/30/0	
SIGNATURE Signature, typed or printed name of registered a		Registered Agent signature required	d when reinstating)	DATE	<del></del>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			9. Election Campaign Fina	ancina (	\$5.00 May Be
Amended UBR is \$61.25			Trust Fund Contribution	·	Added to Fees
Make Check Payable to Florida Departmen	AND DIRECTORS	all the country of the second	CARRESTANCE AND TO CARREST STORM STORM AND THE AND THE CARREST STORMS	Marine C. Control and the later	No. 1 No.
TITLE P.V.S.T	'ND DIRECTORS	mue		ALTONOMIST CONTRACTOR	
NAME DE CONTRACTOR	• )	NAME			
NAME Prince Wout STREET ADDRESS 570 SW 27th	Tuenue	STREET ADDRESS	one Walking a Bayest grace of Land Care the Section 1995.		
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12. I hereby certify that the information supplied	with this filing does not qualify for the	he exemption stated in Se	ection 119.07(3)(i). Florida Statutos 1	further certify that	the information
indicated on this report or supplemental report of the corporation or the receiver or trustee	ort is true and accurate and that my	/ signature shall have the	same legal effect as if made under o	ath that I am an c	efficer or director
attachment with an address with all other lik	e empowered.	25 required by Griapier 6	er, rionoù olatotes, and trat his har	ne appears in 610	ick to or on an
SIGNATURE: Male ly	al le sur est	7	(a = 1) >11		1
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