

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90022 017 ***150.00

DOCUMENT # P97000038143
 1. Entity Name
R & W MAINTENANCE, INC.

| | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business 10429 LAKE LOUISA ROAD CLERMONT FL 34711 | Mailing Address 10429 LAKE LOUISA ROAD CLEARMONT FL 34711 |
|----------------------------------------------------------------------------|-----------------------------------------------------------------|

| | |
|------------------------------------------------------|------------------------------------------|
| 2. Principal Place of Business 17217 Sandhill Rd. | 3. Mailing Address 17217 Sandhill Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|-------------------------------|-------------------------------|-----------------------------|--------------------------------------------------------|
| City & State Winter Garden | City & State Winter Garden | 4. FEI Number 59-3444173 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34787 | Country Florida | Zip 34787 | Country Florida |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WATERS, RON
10429 LAKE LOUISA RD.
CLERMONT FL 34711

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 Katherine E Waters DATE 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | P WATERS, KATHERINE E 10429 LAKE LOUISA RD CLERMONT FL 34711 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President Katherine E Waters 17217 Sandhill Rd. Winter Garden, Fl. 34787 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Ronald E Waters Jr 17217 Sandhill Rd. Winter Garden, Fl. 34787 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Katherine E Waters DATE 4/23/01 DAYTIME PHONE # 407-654-2179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)