

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041051

1. Entity Name

KWI, INC.

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90074 002 ***150.00

00026433



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2415 SOUTH BADCOCK SUITE B MELBOURNE FL 32901	2415 SOUTH BADCOCK SUITE B MELBOURNE FL 32901

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3452036	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KELLY, ROBERT P 2415 SOUTH BADCOCK SUITE B MELBOURNE FL 32901

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS
TITLE PD NAME KELLY, ROBERT P STREET ADDRESS 2415 SOUTH BADCOCK, SUITE B CITY-ST-ZIP MELBOURNE FL 32901
TITLE SD NAME KELLY, GREGORY W STREET ADDRESS 2415 SOUTH BADCOCK, SUITE B CITY-ST-ZIP MELBOURNE FL 32901
TITLE SD NAME ROHRBACH, MARIAN STREET ADDRESS 2415 SOUTH BADCOCK, SUITE B CITY-ST-ZIP MELBOURNE FL 32901
TITLE TD NAME KELLY, EDWARD J STREET ADDRESS 2415 SOUTH BADCOCK, SUITE B CITY-ST-ZIP MELBOURNE FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME 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: 3/9/01 616-967-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)