2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043064

FILED
Aug 17, 2000 8:00 am
Secretary of State
07-11-2000 90004 012 ***150.00

1. Entity Name
TWL SERVICES INC

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5188 SW 90 TR	5188 SW 90 TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cooper City FLA	City & State: Cooper City FLA
Zip: 33328 Country: USA	Zip: 33328 Country: U.S.

4. FEI Number 65-0766135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TWL Services Inc
Tim Legacki
5188 SW 90 TR
Cooper City FLA 33328

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Legacki, Timothy 5188 SW 90 TR Cooper City FLA 33328 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 6-2-00 8443424405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P1/0000430Q

309257

7-28-00

Ref: TWL Services U.B.R.

I have spoken to A Representative from the Division of Corporations in Reference to my U.B.R. I have not recieved my original first notice in the mail. I tried several times to order A duplicate VIA A Recorded messege thru the Dept of corporations.

After the Due date of May 1, 2000 I called back several times And finally spoke to A Rep. who Advised she would Rush one out to me As soon As possible. She Also Advised to write A letter Stating the problem that I went through.

I have been incorporated thru the State for three years And have never had this problem.

Could you please waive the late fee in Reference I have not recieved my U.B.R. on time.

Thank You

Pres. Tim Legatti