

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055024

1. Entity Name

TWR, INC.

Principal Place of Business

1689 S.E. HARP LANE  
PORT ST. LUCIE FL 34983

Mailing Address

1689 S.E. HARP LANE  
PORT ST. LUCIE FL 34983-3712

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROACH, THOMAS  
1689 S.E. HARP LANE  
PORT ST. LUCIE FL 34983

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS ROACH 1689 SE HARP LN PORT ST LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAURA GRIMALDI 1689 SE HARP LN PORT ST LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRIAN MARTIN 1818 SE ANICI ST PORT ST LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, LEONARD JR 265 NE AIROSO BLVD PT ST LUCIE FL	<input checked="" 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	V.P. LAURA GRIMALDI 1689 SE HARP LN PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES D ROGERS AIROSO BLVD PORT ST. LUCIE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRED LOUIS CHAMP 8188 BLACKBEAD CT PORT ST. LUCIE, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIN ROACH 1689 SE HARP LN PORT ST. LUCIE, FL	<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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

PRES

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90110 003 \*\*\*150.00