

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055024

1. Entity Name

TWR, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90191 050 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0762760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 THOMAS ROACH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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, 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 VP
NAME THOMAS ROACH
STREET ADDRESS 1689 SE HARP LN
CITY-ST-ZIP PORT ST LUCIE FL 34983 ☐ Delete

TITLE D
NAME ROGERS, CHARLES D
STREET ADDRESS AIROSO BLVD
CITY-ST-ZIP POST ST LUCIE FL ☒ Delete

TITLE D
NAME CHAMP, FRED L
STREET ADDRESS 8188 BLACKBEAD CT
CITY-ST-ZIP PORT ST LUCIE FL ☐ Delete

TITLE S
NAME ROACH, ERIN
STREET ADDRESS 1689 SE HARP LN
CITY-ST-ZIP PORT ST. LUCIE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SEC.
NAME LAURA GRIMALDI
STREET ADDRESS 1689 SE HARP LN
CITY-ST-ZIP PORT. ST. LUCIE, FL 34983 ☐ Change ☒ Addition

TITLE PRES.
NAME THOMAS ROACH
STREET ADDRESS 1689 SE HARP LN
CITY-ST-ZIP PORT ST LUCIE FL 34983 ☒ Change ☐ Addition

TITLE D
NAME FRED L CHAMPAGNE
STREET ADDRESS 690 SW NICHOLS TERR
CITY-ST-ZIP PORT ST LUCIE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: THOMAS ROACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 561-529-9154

Date

Daytime Phone #

0437318

CR2E034 (10/00)