

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90711 044 \*\*\*150.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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, 2002 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          | VP                        | <input checked="" type="checkbox"/> Delete |
| NAME           | THOMAS ROACH              |  |
| STREET ADDRESS | 1689 SE HARP LN           |  |
| CITY-ST-ZIP    | PORT ST LUCIE FL 34983    |  |
| TITLE          | P                         | <input type="checkbox"/> Delete            |
| NAME           | ROACH, THOMAS             |  |
| STREET ADDRESS | 1689 SE HARP LN           |  |
| CITY-ST-ZIP    | PORT SAINT LUCIE FL 34983 |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | CHAMP, FRED L             |  |
| STREET ADDRESS | 8188 BLACKBEAD CT         |  |
| CITY-ST-ZIP    | PORT ST LUCIE FL          |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | CHAMPAGNE, FRED L         |  |
| STREET ADDRESS | 690 SW NICHOLS TERR       |  |
| CITY-ST-ZIP    | PORT SAINT LUCIE FL 34983 |  |
| TITLE          | S                         | <input type="checkbox"/> Delete            |
| NAME           | GRIMALDI, LAURA           |  |
| STREET ADDRESS | 1689 SE HARP LN           |  |
| CITY-ST-ZIP    | PORT SAINT LUCIE FL 34983 |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | DIRECTOR                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LEONARD J POWELL JR     |  |
| STREET ADDRESS | AIRSO BLVD              |  |
| CITY-ST-ZIP    | PORT ST LUCIE           |  |
| TITLE          | DIRECTOR                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LOUISE MORGAN           |  |
| STREET ADDRESS | 199 SW TODD ST          |  |
| CITY-ST-ZIP    | PORT ST LUCIE, FL       |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | VP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LAURA GRIMALDI          |  |
| STREET ADDRESS | 1689 SE HARP LN         |  |
| CITY-ST-ZIP    | PORT ST LUCIE, FL 34983 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

S61-  
 871-2702

Daytime Phone #

CR2E034 (9/01)