## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000058316 **DOCUMENT#**

1. Entity Name

3 W-INTERNATIONAL, INC.



**FILED** Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90053 034 \*\*\*150.00

Principal Place of Business  2. Principal Place of Business  Suite, Apr. 4, etc.  Suite, Apr. 5, etc.  Suite, Apr. 4, etc.  Suite, Apr. 4, etc.  Suite, Apr. 5, etc.  Suite, Apr. 6, etc.  Suite, Apr.										
Surie, Apt. #, etc.  Surie, Apt. #, etc.  Surie, Apt. #, etc.  Surie, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S. Certificate of Status Desired of Status Desired Agent  The state of Status Desired Agent  S. Certificate of Status Desired Agent  The state of Status Desired Agent  S. Certificate of Status Desired Agent  The state of Status Desired Agent  The state of Status Desired Agent  S. Certificate of Status Desired Agent  The state of Status Desir	11583 SW 72ND CIRCLE PO BOX 76268			76268						
City & State  Country  S. Central casts of State Desired   Sex. 75 Androined   Fex. Required   Sex. 75 Androined   Fex. Required   Sex. 75 Androined   Sex. 75 Androined	2. Principal F	lace of Business	3. Mailing Address				: <b>                                     </b>		il 11010 <b>2</b> 111 1001	
Zip   Country   Zip   Country   S. Certificate of Status Costing   S8.75 Adaptional Foe Required   6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address of New Regist	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent    Name and Address of New Registered Agent	City & Stat	e	City & State			4.	FEI Number <b>59-3456417</b>	<u> </u>		
MUELLER, LYNNE G 11583 SW 72ND CIRCLE OCALA FL 34476  Title Soynute hyder or provid name of registered agent and title approace of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent are both, in the State of Florida. I am familiar with and accept the obligations of registered agent are both, in the State of Florida. I am familiar with and accept the obligations of registered agent are both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am famili	Zip Country Zi		Zip	Zip Country		5.	Certificate of Status Desired	Fee Required		
MUELLER, LYNNE G 11583 SW 72ND CIRCLE  OCALA FL 34476  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  Interest Now I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  Interes		6. Name and Address of Curren	t Registered /	Agent	Niere	7.	Name and Address of New Register	red Agent		
SirGATURE    SirGATURE   SirGA	AN IEL ED	I VABIT O	<u> </u>		Name	Name				
City   FL   Zip Code	11583 SW 72ND CIRCLE				Street A	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE    Signature   Signa	OCALA FI	L 34476			City		i	FL Zip Cod	de	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	the obligat	ions of registered agent.							, and accept	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After May 1, 2003 Fee will be \$550.00									
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TITLE	NAME Street address	MUELLER, LYNNE G 11583 SW 72ND CIRCLE		☐ Delete	NAME STREET ADDRESS	CPPPS MUEL 11583 OCAL	3/T LER, LYNNE G 5 SW 72ml CIRCI LA FL 34476		☐ Addition   \$	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

HREDLYNNE G MUELLER