

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90209 028 \*\*\*550.00

**DOCUMENT # P97000063320**

1. Entity Name  
**PLW INVESTMENTS, INC.**

**A0073496**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
P.O. BOX 5435  
DESTIN FL 32541

Mailing Address  
P.O. BOX 5435  
DESTIN FL 32541

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**2140 Arielle Drive, #410**

City & State

Suite, Apt. #, etc.

City & State  
**Naples, FL**

4. FEI Number **59-3460514**  
Applied For  
Not Applicable

Zip Country  
**34109**

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

6. Name and Address of Current Registered Agent  
**LARSON, ALLAN T**  
**4629 PARADISE ISLE**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent  
Name  
**Teresa A. Larson**  
Street Address (P.O. Box Number is Not Acceptable)  
**2140 Arielle Drive, #410**  
City  
**Naples** **FL** Zip Code  
**34109**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, ALLAN T		NAME		
STREET ADDRESS	P.O. BOX 5435		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, TERESA A.		NAME	Teresa A. Larson	
STREET ADDRESS	P.O. BOX 5435 N/A		STREET ADDRESS	2140 Arielle Drive, #410	
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED** **8/14/2000** **1-944-593-6437**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)