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## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000078769**

1. Entity Name

H.W. INVESTMENT GROUP, INC.

FILED Jan 26, 2000 8:00 am Secretary of State

01-26-2000 90118 038 \*\*\*150 00

						01-2	26-2000 90118	s 038 ***	`*150.00	
Principal Place	Mailing Address		<del></del>							
377 COYELLIS RD DEFUNIAK SPRINGS FL 32433		377 COY ELLIS ROAD DEFUNIAK SPRINGS FL 32433-5033			}					
						) ( <b>30</b> )( <b>30</b> ) ( <b>3</b>		101 <b>10</b> 10 10	<b>er</b> i ( <b>8</b> 11) ( <b>88</b> ) <b>8 3</b> 1	12 <b>0</b> 2 <b>0</b> 21 1 <b>33</b> 1
2. Principal Place of Business		3. Mailing Address							()	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			$\dashv$		DO NOT WRITE	IN THIS	SPACE	
City & State		City & State			4. f	FEI Number	59-3471169			plied For
Zip	Country	Zip Cour		ry	5. Certificate of Status		Status Desired		\$8.75 Add	litional
·	6. Name and Address of Current	Registered Agent			l 7. N	Name and Ad	dress of New Re	gistered		
				Name						
WELTON & WILLIAMSON, P.A. 1020 FENDON BLVD S				Street Address (P.O. Box Number is Not Acceptable)						
CRES	STVIEW FL 32536								<b>_</b>	
				City	_			FL	Zip Code	e
8 The above	named entity submits this statement for	or the purpose of changing it	s registere	d office or real	stered ag	ent. or both.	in the State of Flor	ida.		
o. The above	named orany dubinito and discombine to	or are purpose or strainging to	.o (og.o.o.	a omee ar rag.	one ag	2,, 0. 00,				
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature rec	quired when re	einstating)		DATE		
9 This corno	ration is eligible to satisfy its Intangible	FILE NOW	/!!! FEE I	S \$150.00		T				_
Tax filing re	equirement and elects to do so.	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S					on Campaign Fina Fund Contribution			O May Be I to Fees
11.	OFFICERS AND		12.			DITIONS/CH	ANGES TO OFFIC	CERS AND	DIRECTORS	S IN 11
TITLE	P	☐ Delete	TITLE	<del>-                                    </del>					Change	□ · · ····.
NAME	WILLIAMSON, HILTON		NAME	:						
STREET ADDRESS	377 COY ELLIS ROAD			T ADDRESS						
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433			ST-ZIP						_ * + + + +
TITLE	ST AMELIANCON A 18/	☐ Delete	TITLE NAME						☐ Change	L.
NAME STREET ADDRESS	WILLIAMSON, A W 167 E POINT WASHINGTON RD	<b>1</b>		T ADDRESS						
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-	ST-ZIP						
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NAME			NAME	: <del>~</del> }	<del></del>		<del></del> - ~ <del></del>			
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CITY-ST-ZIP				ST-ZIP					— <u>—</u>	FT . 100
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CITY-ST-ZIP				ST-ZIP						
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NAME			NAME	1						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
13. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is	h this filing does not qualify for strue and that	or the exen	nption stated in ure shall have	n Section the same	119.07(3)(i), legal effect a	Florida Statutes. I s if made under o	further ce ath; that I	rtify that the i am an officer	nformation or director

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Fibritier 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 PRATED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #