


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90241 027 ***150.00

DOCUMENT # P97000095797

1. Entity Name
TLW CONSULTING, INC.



Principal Place of Business
10190 COLLINS
SUITE 102
BAL HARBOUR FL 33154
US

Mailing Address
10190 COLLINS
SUITE 102
BAL HARBOUR FL 33154
US

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0816997**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WELSTEAD, CHRISTINE L
ONE SOUTHEAST 3RD AVE., 28TH FLOOR
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CHRISTINE L. WELSTEAD

Signature typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WELSTEAD, YVONNE B	
STREET ADDRESS	10190 COLLINS, SUITE 102	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELSTEAD, THOMAS L	
STREET ADDRESS	10190 COLLINS, SUITE 102	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELSTEAD, CHRISTINE L	
STREET ADDRESS	10190 COLLINS, SUITE 102	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Yvonne B. Welstead *President* 1-16-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)