2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011437

1. Entity Name

TWS FINANCIAL, INC.

Principal Place of Business

Mailing Address

2494 BAYSHORE BLVD. STE 200 **DUNEDIN FL 34698**

2494 BAYSHORE BLVD., STE 200 DUNEDIN FL 34696-2002

2. Principal Place of Business : Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE		
				4.	FEI Number 59-3497995	Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent		7. 1	Name and Address of New Registered	Agent	
			Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code	
	amed entity submits this statement for the	ne purpose of changing its	registered office or re	gistered ag	nept, or both, in the State of Florida	_ L	
. The above n	arried entity submits this statement for the	ie pui pose oi changing its	registered office of te	gistored ag	gorit, or boar, in the class of Florida.		
SIGNATUREs	ignature, typed or printed name of registered agent and	title if applicable. (NOTE	. Registered Agent signature	equired when re	reinstating) DATE		
			!! FEE IS \$150.00 00 Fee will be \$550	1 00	10. Election Campaign Financing	\$5.00 May B	
(See criteria	·	Make Check Payab			Trust Fund Contribution.	Added to Fees	
1.	OFFICERS AND DI	RECTORS	12.	AE	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
ITLE	D .	☐ Delete	TITLE	-		☐ Change ☐ Addit	
IAME	STAPLETON, TERRENCE W		NAME				
	4807 BAYSHORE BOULEVARD A	PT. E-1	STREET ADDRESS				
ITY-ST-ZIP	TAMPA FL 33611		CITY-\$T-ZIP				
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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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTS HAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

Change

Addition

FILED

Mar 04, 2000 8:00 am Secretary of State

03-04-2000 90115 014 ***150.00