APR-27-01 11:36 AM BARBARA1LEININGER 8

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91164 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018308

1. Entity Name

P. W. S. Inc.

Principal Place of Business
9 Oscar Hill Road
Tarpon Springs, Fl. 34689

Mailing Address
9 Oscar Hill Road
Tarpon Springs, Fl. 34689

771048

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5345 Marine Parkway
Suite, Apt. #, etc.
City & State: New Port Richey, Fl.
Zip: 34652 Country

3. Mailing Address
5345 Marine Parkway
Suite, Apt. #, etc.
City & State: New Port Richey, Fl.
Zip: 34652 Country

4. FEI Number 59-3498489 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Philip Wayne Slaughter
9 Oscar Hill Road
Tarpon Springs, Fl. 34689

7. Name and Address of New Registered Agent

Name: Philip Wayne Slaughter
Street Address (P.O. Box Number Is Not Acceptable): 5345 Marine Parkway
City: New Port Richey FL Zip Code 34652

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

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 $150.00
After MAY 1, 2001, Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Philip Wayne Slaughter 5345 Marine Parkway New Port Richey, Fl. 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: X Philip W Slaughter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #