

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90486 003 ***150.00

DOCUMENT # P98000018308

1. Entity Name

P.W.S. INC.

Principal Place of Business

5345 MARINE PARKWAY
 NEW PORT RICHEY FL 34652

Mailing Address

5345 MARINE PARKWAY
 NEW PORT RICHEY FL 34652



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4111 Louis AVE

3. Mailing Address

5345 Marine Parkway

Suite, Apt. #, etc.

UNIT 19

Suite, Apt. #, etc.

New Port Richey

City & State

HOLIDAY FLA.

City & State

FLA

4. FEI Number

59-3498489

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

Zip

34691

Country

PASCO

Zip

34652

Country

PASCO

6. Name and Address of Current Registered Agent

SLAUGHTER, PHILIP WAYNE

5345 MARINE PARKWAY

NEW PORT RICHEY FL 34652

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-02

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, 2002 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

TITLE PD
 NAME SLAUGHTER, PHILIP WAYNE
 STREET ADDRESS 5345 MARINE PARKWAY
 CITY-ST-ZIP NEW PORT RICHEY FL 34652

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

Philip Wayne Slaughter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 (727) 236 0732

CR2E034 (9/01)