

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90025 013 ***150.00

DOCUMENT # P98000024212

1. Entity Name

FWT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

846 LAKEWORTH CIR
HEATHROW FL 32746

846 LAKEWORTH CIR
HEATHROW FL 32746

004100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3501887

Applicable
Not Applicable

Zip

Country

Zip

Country

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, RHONDA K
407 NORTH HIGHWAY 17-92
LONGWOOD FL 32750

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

[Handwritten Signature]

(PRINT) Department Agent signature (required when re-registering)

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

Table with columns for Title, Name, Street Address, City-St-Zip, and checkboxes for Delete, Change, Addition. Row 1: Turner, Rhonda K, 846 Lakeworth Cir, Heathrow FL 32746.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:

[Handwritten Signature] Rhonda K TURNER 4-30-01

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

11.06

Department Record