

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 14, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P98000035361****1. Entity Name**

TRANSWORLD REAL ESTATE SERVICES, INC.

**Principal Place of Business**

4115 W. SPRUCE ST

TAMPA  
33607

FL

**Mailing Address**

4115 W. SPRUCE ST

TAMPA  
33607

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

4010 BOY SCOUT BLVD.

Suite, Apt. #, etc.  
SUITE 585**City & State**City & State  
TAMPA FL

Zip

Country

Zip

Country

33607

**4. FEI Number**

59-3505594

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GOODWIN JAMES W  
400 NORTH TAMPA STREET  
SUITE 2300  
TAMPA FL  
33602 US**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)

04/14/2000

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, 2000 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 DPST ☐ Delete  
NAME GLASS A. L. SKIP II  
STREET ADDRESS 4010 BOY SCOUT BLVD #585  
CITY-ST-ZIP TAMPA FL 33607**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**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:** A. L. Skip Glass II

D. 04/14/2000