

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000035361

FILED
Apr 18, 2002 8:00 AM
Secretary of State

Entity Name: TRANSWORLD REAL ESTATE SERVICES, INC.

Current Principal Place of Business:

4115 W. SPRUCE ST
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4010 BOY SCOUT BLVD.
SUITE 585
TAMPA, FL 33607

New Mailing Address:

4115 W SPRUCE ST
TAMPA, FL 33607

FEI Number: 59-3505594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
400 NORTH TAMPA STREET
SUITE 2300
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: GLASS, A. L. SKIP II
Address: 4010 BOY SCOUT BLVD #585
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: GLASS, A. L. SKIP II
Address: 4115 W SPRUCE ST
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A L SKIP GLASS LL

DPST

04/18/2002

Electronic Signature of Signing Officer or Director

_____ Date