

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063080

1. Entity Name

TBW, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90007 043 ***150.00

Principal Place of Business

537 DOUGLAS AVE
STE #1
DUNEDIN FL 34698

Mailing Address

800 WEATHERFIELD DRIVE
DUNEDIN FL 34698-6429

2. Principal Place of Business

3. Mailing Address

537 Douglas Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #1

City & State

City & State

Dunedin FL

Zip

Country

Zip

Country

34698

4. FEI Number

59-3526155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Tom Cummins

Street Address (P.O. Box Number is Not Acceptable)

800 Weatherfield Dr

City

Dunedin

FL

Zip Code

34698

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)

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
Tax filing requirement and elects to do so.
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CUMMINS, TOM	
STREET ADDRESS	800 WEATHERFIELD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLOUDEN, PATRICK J	
STREET ADDRESS	800 WEATHERFIELD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)