## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000080939

Entity Name

STREET ADDRESS

SIGNATURE:

changed, or on an attachment with an address, with all other like

H W MANAGEMENT SEARCH, INC.

Principal Place of Business Mailing Address 1706 WINNERS CIR. 1706 WINNERS CIR. IARPON SPRINGS FL 34689-8018 TARPON SPRINGS FL 34689-8018 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3535812 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERJO, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 1706 WINNERS CIR. TARPON SPRINGS FL 34689-8018 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 🕟 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD ☐ Addition CR2E034 (9/99 ☐ Delete ☐ Change TITLE FERJO, WILLIAM J NAME 1706 WINNERS CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689-8018 VSD ☐ Delete TITLE ☐ Change ☐ Addition TITLE FERJO, HELEN NAME NAME 1706 WINNERS CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689-8018 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME \_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change

NAME

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

William J Ferjo 2-7-00

FILED

Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90033 024 \*\*\*150.00