

DOCUMENT # P98000085692

1. Entity Name

TNW CONNECTORS, INC.**FILED**
Aug 02, 2000 8:00 am
Secretary of State

01-19-2000 90294 023 ***150.00

Principal Place of Business C/O JOHN P. DUNNE 10833 70TH AVE. N. SEMINOLE FL 33772	Mailing Address C/O JOHN P. DUNNE 10833 70TH AVE. N. SEMINOLE FL 33772-6304
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3645778		Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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Name DUNNE, JOHN P. 10833 70TH AVE. NORTH SEMINOLE FL 33772		Street Address (P.O. Box Number is Not Acceptable)		City FL		Zip Code
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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 Thomas Norgaard (NOTE: Registered Agent signature required when reinstating) JAN 10 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NORGAARD, THOMAS W 10833 70TH AVE. N. SEMINOLE FL 33772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORGAARD, BIRGITTE W 10833 70TH AVE. N. SEMINOLE FL 33772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSIO NORGAARD, JORGEN M 10833 70TH AVE. N. SEMINOLE FL 33772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas Norgaard JAN 10 2000 727 393 9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



(attachment
Doc# P98000085692;
107123

FACSIMILE TRANSMISSION INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

DATE 7/24 RECD _____ TIME _____

NAME

FAX NUMBER

John P Dunne727-319-9549

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION
NUMBER FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD
RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER
IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.

COMPANY NAME:

TNW Connectors IncEMPLOYER IDENTIFICATION NUMBER (EIN): 59-3645178

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

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