

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 05, 2000 8:00 am
Secretary of State

07-05-2000 90711 001 ***450.00

DOCUMENT # P98000092765

1. Entity Name

I.W.S. PORTABLES, INC.

Principal Place of Business

1906 INDUSTRIAL PARK DRIVE
PLANT CITY FL 33566

Mailing Address

1906 INDUSTRIAL PARK DRIVE
PLANT CITY FL 33567-1161

2. Principal Place of Business

1601 34th St N.

3. Mailing Address

4800 North Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D-102

City & State

Tampa FL

City & State

Boca Raton FL

Zip

33605

Country

Hillsborough

Zip

33431

Country

4. FEI Number

59-3535930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, THOMAS C
845 MISSISSIPPI AVENUE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

Ron Procter

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

4800 N. Federal Hwy

City

Boca Raton

FL

Zip Code

33431

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
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 NAME STREET ADDRESS CITY-ST-ZIP	P GILLIHAN, GEORGE A 8020 SHADY LANE PLANO TX 75024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLMES, ARTEMAS L III 1906 INDUSTRIAL PARK DRIVE PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, THOMAS C 845 MISSISSIPPI AVENUE LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENTLEY, JASON C 1100 OAKBRIDGE PARKWAY, SUITE 145 LAKELAND FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES A. WATERS President 4800 North Federal Hwy, Suite D102 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer Ronald Procter 4800 North Federal Hwy, Suite D102 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Baker 6/22/00

Date

Daytime Phone #

913 248 3802

CR2E034 (9/99)