2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State
05-31-2001 90001 037 ***150.00

DOCUMENT # P99000003744

1. Entity Name
T.R.W.B. Corporation

Principal Place of Business	Mailing Address
800 Coral Ridge Drive Box 104 Coral Springs, FL 33071	800 Coral Ridge Drive Box 104 Coral Springs, FL 33071

553313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8573 N.W. 2nd Street	8573 N.W. 2nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Sprigs, FL
Zip: 33071 Country:	Zip: 33071 Country:

4. FEI Number: 65-0946393 ☐ 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
Raubenheimer, Gregg 800 Coral Ridge Drive Coral Springs, FL 33071	Name: Raubenheimer, Gregory Street Address (P.O. Box Number is Not Acceptable): 8573 N.W. 2nd Street City: Coral Springs **FL** Zip Code: 33071

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 X [signature] . X 4.27.01
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, 2001 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	DPST Raubenheimer, Gregg 800 Coral Ridge Dr. Box 104 Coral Springs, FL 33071 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Raubenheimer, Gregory 8573 N.W. 2nd Street Coral Springs, FL 33071 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: X [signature] X 4.27.01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #