2001 UNIFORM BUSINESS REPORT (UBR)

5/4/01-90125-030-$158.75-$158.75
APPROVED AND FILED
01 MAY 24 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00047211

DOCUMENT # P99000013542

1. Entity Name
PLW, INCORPORATED

Principal Place of Business	Mailing Address
525 JOHN KNOX RD. SUITE A TALLAHASSEE FL 32303	525 JOHN KNOX RD. SUITE A TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2069 North Monroe St.	2069 North Monroe St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Florida	City & State: Tallahassee, Florida
Zip: 32303 Country: USA	Zip: 32303 Country: USA

4. FEI Number: APPLIED FOR 59-3556709 ☐ 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
DUGGER, MICHAEL W 803 LASSWIDE DR. TALLAHASSEE FL 32312	Name: Cliff Burns Street Address (P.O. Box Number is Not Acceptable): 2069 North Monroe Street City: TALLAHASSEE , FL Zip Code: 32303

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: Cliff Burns
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	P WHITE, PATRICK L 525 JOHN KNOX ROAD TALLAHASSEE FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Cliff Burns 2069 North Monroe Street Tallahassee, FL 32303	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director H. Dexter Porter 235 Meridianna Drive Tallahassee, FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Perry L. Harrison 2803 Pound Drive Tallahassee, FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Eddy McLeod 2221 Rio Vista Sopchoppy, FL 32358	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director James B. Powers 1349 Old Village Rd. Tallahassee, FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Robert D. Powers 2141 Skyland Drive Tallahassee, FL 32303	☐ Change ☒ Addition

CR2E034 (10/00)

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: Cliff Burns 4-30-01 385-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #