

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90101 019 ***150.00

DOCUMENT # P99000037934 ✓
1. Entity Name
CW-21 SERVICES, INC.

DO NOT WRITE IN THIS SPACE

B0050232

2. Principal Place of Business 712 E. ALSOBROOK ST. Suite, Apt. #, etc. SUITE #3 City & State PLANT CITY, FL 33566 Zip 33566 Country U.S.A.		3. Mailing Address P.O. BOX 3748 Suite, Apt. #, etc. City & State PLANT CITY, FL Zip 33564 Country U.S.A.	
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4. FEI Number 59 3572739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SPIEGEL & UTRERA P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 CORAL WAY 4TH. FLOOR	
City MIAMI	FL Zip Code 33145

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOY S. HOOD 125 STRAWBERRY RIDGE BLVD. VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joy S. Hood* JOY S. HOOD 3.12.02 813 754 1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)