

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000055000**

1. Entity Name

2PWS TRADING, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90137 026 ***150.00

Principal Place of Business

1385 SE BREWSTER PLACE
STUART FL 34997

Mailing Address

1385 SE BREWSTER PLACE
STUART FL 34997

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

Zip

34994

Country

Martin

Zip

34995-2688

Country

Martin

4. FEI Number

65-0930764

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

Name

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

825 SE Riverside Dr.

City

Stuart**FL**

Zip Code

34994

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 BOAZ, KEVIN R 1385 SE BREWSTER PLACE STUART FL 34997 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 825 SE Riverside Dr Stuart FL 34994 | <input checked="" 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 |
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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 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

Date

Daytime Phone #

CR2E034 (10/00)