

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 16, 2000 8:00 am
Secretary of State

05-16-2000 90151 050 ***150.00

DOCUMENT # P99000090156

1. Entity Name

CWC CORPORATION

R

Principal Place of Business

Mailing Address

C/O WILLIAM SCOTT FOSTER
 909 MAR WALT DR., STE. 1014
 FT. WALTON BEACH FL 32547

C/O WILLIAM SCOTT FOSTER
 909 MAR WALT DR., STE. 1014
 FT. WALTON BEACH FL 32547-6757

2. Principal Place of Business

3. Mailing Address

~~P.O. BOX 778~~

P.O. BOX 778

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19 Old Ferry Rd.

City & State

City & State

SHALIMAR, FL

SHALIMAR, FL

Zip

Country

Zip

Country

32579

USA

32579

USA

4. FEI Number

59-3608518

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

FOSTER, WILLIAM S

909 MAR WALT DR., STE. 1014
 FT. WALTON BEACH FL 32547

Name

CHARLES CLARY

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

P.O. BOX 778

19 Old Ferry Rd

City

SHALIMAR

FL

Zip Code
 32579

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 *Charles Clary*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 CLARY, CHARLES W
~~P.O. BOX 778~~
 SHALIMAR FL 32579

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 19 Old Ferry Rd

☐ Change

☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Change

☐ 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:

Charles Clary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2000

Date

Daytime Phone #

850-937-9550

CR2E034 19/99