2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111110

Entity Name

R & W. INC. OF CENTRAL FLORIDA

Principal Place of Business

i 459 GRAND CAYMAN CIRCLE
WINTER HAVEN FL 33884

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

Mailing Address

1459 GRAND CAYMAN CIRCLE
WINTER HAVEN FL 33884

3. Mailing Address

Suite, Apt. #, etc.

City & State

FILED Mar 04, 2000 8:00 am Secretary of State

03-04-2000 90115 048 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 361948	1	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Fee Req	Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe			
	O, Hallio and Addictor of Carron, Hogisterica Ngori			Name			
8E)	REYNOLDS;;ROBERT DI 19456.4 1459 GRAND CAYMAN CIRCLE			Street Address (P.O. Box Number is Not Acceptable)			
	ITER HAVEN FL 33884						
			- Cit.		701	Code	
			City		FL Zip (
. The above	e named entity submits this statement for	r the purpose of changing	its registered office or regis	istered agent, or both, in the State of Florida.			
SIGNATURE							
IIGNAI OI IL	Signature, typed or printed name of registered agent a	and title if applicable. (N	IOTE: Registered Agent signature req	juired when reinstating) C	DATE		
9. This core	poration is eligible to satisfy its Intangible	FILE NO	W!!! FEE IS \$150.00	2		5.00 5	
	requirement and elects to do so.		2000 Fee will be \$550.0			5.00 May Be	
(See crite	eria on back)	Make Check Pay	able to Department of S	State			
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11	
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IAME	REYNOLDS, ROBERT D		NAME				
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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 en address, with all other like empowered.

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

2-19-200 863-324469