


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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90303 001 \*\*\*158.75

DOCUMENT # *546101*

1. Entity Name  
*TWS MARKETING GROUP, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*218 LESLIE LN*  
Suite, Apt. #, etc.

3. Mailing Address  
*P O BOX 520104*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*LAKE MARY, FL*

City & State  
*LONGWOOD, FL*

Zip  
*32744* Country  
*USA*

Zip  
*32752* Country  
*USA*

4. FEI Number

Applied For  
 No: Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *1-27-03*

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Thomas V. SALTmarsh, III PRESIDENT 218 LESLIE LANE LAKE MARY FL 32744</i>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>ASIA M. SALTmarsh 218 LESLIE LANE LAKE MARY FL 32744</i>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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12. 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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE *1-27-03* DAYTIME PHONE # *407 321-9226*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)