

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90140 040 ***150.00

DOCUMENT # S61089

1. Entity Name

THE C-W. AGENCY, INC.

Principal Place of Business

Mailing Address

725 N. AIA. STE. C 112
 JUPITER FL 33477

725 N. AIA. STE. C 112
 JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0127127**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GILLAN, SUSAN C.
 401 OCEAN BLUFFS, BLVD.
 #403
 JUPITER FL 33477

Name **ORVEL BICKING**
 Street Address (P.O. Box Number is Not Acceptable)
1684 MAYACOO LAKES BLVD.
West Palm Beach FL
 City **FL** Zip Code **33411**

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

Orvel Bicking **Orvel Bicking President**

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, 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 **VPT** ☒ Delete
 NAME **GILLAN, ALEXANDER, J.**
 STREET ADDRESS **401 OCEAN BLUFF BLVD., #403**
 CITY-ST-ZIP **JUPITER FL**

TITLE **P** ☒ Delete
 NAME **GILLAN, SUSAN C.**
 STREET ADDRESS **401 OCEAN BLUFFS BLVD., #403**
 CITY-ST-ZIP **JUPITER FL**

TITLE **VPS** ☒ Delete
 NAME **JORDAN, CHRISTOPHER T.**
 STREET ADDRESS **1003 10TH LANE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
 NAME **Orvel Bicking**
 STREET ADDRESS **1684 MAYACOO LAKES BLVD.**
 CITY-ST-ZIP **West Palm Beach FL 33411**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Sec. Treas.** ☒ Change ☐ Addition
 NAME **STEVEN BICKING**
 STREET ADDRESS **2015 N. DIXIE HIGHWAY**
 CITY-ST-ZIP **West Palm Beach FL 33401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Orvel Bicking **Orvel Bicking**

4-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 655-1086