

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V24931

1. Entity Name

TRANSWORLD INDUSTRIES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90179 019 ***550.00

Principal Place of Business

100 S. ORANGE AVE.
STE. 300
ORLANDO FL 32801
US

Mailing Address

100 S. ORANGE AVE
STE. 300
ORLANDO FL 32746-3475
US

2. Principal Place of Business

3. Mailing Address

310 WAYMONT CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

310 WAYMONT CT, Suite 100

Suite 100

City & State

City & State

LAKE MARY, FLORIDA

LAKE MARY, FLORIDA

Zip

Country

Zip

Country

32746

SEMINOLE

32746

SEMINOLE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIMEGLIO, MICHAEL J.
100 S ORANGE AVE
#300
ORLANDO FL 32801

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.

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, 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
P
DIMEGLIO, MICHAEL J.
100 S. ORANGE AVE. STE. 300
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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STREET ADDRESS
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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAY 2000

Date

407-323-5458

Daytime Phone #