

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # V60221**1. Entity Name
RWS CONSTRUCTION, INC.**Principal Place of Business**6120 EDGEWATER DR.
SUITE G
ORLANDO FL
32810**Mailing Address**6120 EDGEWATER DR.
SUITE G
ORLANDO FL
328102. Principal Place of Business
28834 COLUMBIA RD3. Mailing Address
28834 COLUMBIA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAVARES FLCity & State
TAVARES FL4. FEI Number
59-3139233Applied For
Not ApplicableZip Country
32778Zip Country
327785. 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**STEVENS, ROBERT W.
17746 SE 237TH CT.UMATILLA FL
32784 US**Name**

STEVENS ROBERT W

Street Address (P.O. Box Number is Not Acceptable)
28834 COLUMBIA RDCity
TAVARESFL Zip Code
32778

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 **ROBERT W STEVENS**

04/30/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 VP ☒ Delete
NAME WARD BRYAN
STREET ADDRESS 4649 FERN PINE DRIVE
CITY-ST-ZIP ORLANDO FL 32808TITLE P ☐ Delete
NAME STEVENS, ROBERT W.
STREET ADDRESS 17746 SE 237TH CT.
CITY-ST-ZIP UMATILLA FL 32784TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P ☒ Change ☐ Addition
NAME STEVENS ROBERT W
STREET ADDRESS 28834 COLUMBIA RD
CITY-ST-ZIP TAVARES FL 32778TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Robert W Stevens

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)