

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J08488

FILED  
Feb 13, 2002 8:00 AM  
Secretary of State

Entity Name: RWM ENTERPRISES, INC.

**Current Principal Place of Business:**

514 NEW HAMPSHIRE AVENUE  
TAVARES, FL 32778 US

**New Principal Place of Business:**

1898 EAST BURLEIGH BLVD  
TAVARES, FL 32778 US

**Current Mailing Address:**

P.O. BOX 1073  
TAVARES, FL 32778 US

**New Mailing Address:**

FEI Number: 59-2682420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUMMERS, GARY L.  
WILLIAMS SMITH & SUMMERS PA  
380 W. ALFRED ST.  
TAVARES, FL 32778

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MOORE, ROBERT W.,  
Address: 514 NEW HAMPSHIRE AVE.  
City-St-Zip: TAVARES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W MOORE

PSTD

02/13/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date