

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90138 021 \*\*\*150.00

**DOCUMENT # L51190**

1. Entity Name  
**V.W.C. ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**1611 ORLANDO AVE**      **PO BOX 521146**  
**LONGWOOD FL 32750**      **LONGWOOD FL 32752-1144**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**81 SWEETBRIAR BRANCH**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**LONGWOOD FL**  
 Zip      Country      Zip      Country  
**32750**      ~~FL~~ **USA**

4. FEI Number      Applied For  
**59-3000190**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PALAMA, DARRELL K**  
**1611 ORLANDO AVENUE**  
**LONGWOOD FL 32750**

7. Name and Address of New Registered Agent  
 Name ~~PALAMA, DARRELL K~~  
 Street Address (P.O. Box Number is Not Acceptable)  
**103 SWEETBRIAR BRANCH**  
 City **LONGWOOD**      **FL**      Zip Code **32750**

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]*      DATE: **1/15/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PALAMA, DARRELL K</b> <b>1611 ORLANDO AVE</b> <b>ORLANDO FL 32750</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PALAMA, DARRELL K</b> <b>1611 ORLANDO AVE</b> <b>ORLANDO FL 32750</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PALAMA, DARRELL K</b> <b>1611 ORLANDO AVE</b> <b>ORLANDO FL 32750</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PALAMA, DARRELL K</b> <b>1611 ORLANDO AVE</b> <b>ORLANDO FL 32750</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 power like empowered.  
 SIGNATURE: *[Signature]*      DATE: **1/15/02**      DAYTIME PHONE: **407-466-5643**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)