## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

Mailing Address

## P01000091359 **DOCUMENT #**

1. Entity Name

Principal Place of Business

208 SW 57H AVENUE

W & W SUPPLY COMPANY OF FLORIDA, INC.



**FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90141 018 \*\*\*150.00

OKEECHOBEE FL 34974				OKEECHOBEE FL 34974				60003332			
2. Principal	Place of Bus	siness	la Maili	ng Addrage		<del></del>	,				
Through Flace of Business			3. Iviann	3. Mailing Address					) 00(11 D#11E +#	101 11000 ha	81 B1418 (B14 (B81
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City 8	City & State				4. FEI Number 65-1144310 Applied For			
Zip	Zip Country			Zip		Country		Certificate of Status Desired	□ <b>\$</b>	8.75 A	Not Applicable
6. Name and Address of Current Registered Agent					<u> </u>	T			F	ee Requir	
<del></del>			Negisteres	Agent		Name		Name and Address of New Re	gistered Ag	jent	<del></del>
WALKER, EMORY					Changh Addison			/00 D- N			
	5TH AVENU			Street Address			ress (P.O. B	s (P.O. Box Number is Not Acceptable)			
OKEECH	OBEE FL 3	4974			ļ		-				
					1	City	<del></del>		FL	Zip Cod	de
<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.</li> </ol>							gistered agr	ent, or both, in the State of Florid		miliar with	and accent
the obligat	tions of regis	tered agent.			_		_		Ju. 1	Illinear street	, and accept
SIGNATURE											
		d or printed name of registered agent	and title if applice	ible. (NOT)	E: Registered	d Agent signature re	equired when rei	instating)	DATE		
		!! FEE IS \$150.00						6 Flactice Compaign Figure			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	ncing		<b>00</b> May Be d to Fees
10.	1 B	OFFICERS AND	DIRECTORS	i .	11.		ADI	DITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOP	RS IN 11
TITLE NAME	P Walker,	FMORY		☐ Delete		TITLE NAME STREET ADDRESS				Change	Addition
STREET ADDRESS	20820 NV	1820 NW 176TH AVENUE									
CITY-ST-ZIP		OBEE FL 34972				ST-ZIP					
TITLE	V			☐ Delete	TITLE		<del></del> ,			T Change	
NAME	WALKER,				NAME				L	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2125 SW	1ST WAY DBEE FL 34974				T ADDRESS					
TITLE	ST	/DEE FL 349/4		<del></del> _	╅	ST-ZIP					
NAME	WALKER,	STEVE		☐ Delete	TITLE					Change	Addition
STREET ADDRESS	2411 SW	22ND CIRCLE			NAME STREET	T ADDRESS					
CITY-ST-ZIP		DBEE FL 34974			CITY-S						
TITLE	 			☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		 Change	Addition
NAME STREET ADDRESS					NAME				_	1	- 1 Nov. 100.
CITY-ST-ZIP						T ADDRESS					
TITLE	<del></del>				CITY-S	iI-ZIP					
NAME				☐ Delete	TITLE					] Change	☐ Addition
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP					CITY-S	- 1					
TITLE				Delete	TITLE					Change	Addition
NAME STREET ADDRESS					NAME	İ			_		
CITY-ST-ZIP						ADDRESS					İ
	ortifu that the	information supplied with t	M : 60 .		CITY-S	1-ZIP					 

12 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #