**FILED** 

Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90164 047 \*\*\*150.00

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

## S53306 DOCUMENT #

1. Entity Name

CWYNAR ENTERPRISES, INC.

				1/2					
Principal Place of Business 851 SE 6TH AVENUE SUITE 103 DELRAY BEACH FL 33483 US		Mailing Address 851 SE 6TH AVENUE SUITE 103 DELRAY BEACH FL 33483 US					8:81: 2:84 8:81		
2. Principal Place of Business		3. Mailing Address			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI	Number <b>59-3079354</b>	<del></del> -	Applied For Not Applicable
Zip	Country	Zip		Country	·	5. Ceri	ificate of Status Desired	\$8.75 A	dditional
	- 6. Name and Address of Current	Registered Age	ent	····		7 Nam	e and Address of New Registere	Fee Requi	rea
				Na	me	7. 14011	ie and Address of New Registere	20 Agent	
CWYNAR, WILLIAM R SR							•		
	8TH STREET				Street Address (P.O. Box Number is Not Acceptable)				
BOYNTON BEACH FL 33435					-			<del></del>	
50111101	T DENOTE I E SOTOS								
				City	/		F	Zip Co	de
The above named entity submits this statement for the purpose of changing its return the obligations of registered agent.				registered offic	ce or register	ad agent			
·• the obliga	tions of registered agent.		onanging ito i	ogiotoroa omi	oc or register	eu agent,	or bour, in the state of Florida. Ta	m tamiliar witr	i, and accept
	,								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	/NOTE:	Pagistared Asset					<del></del>
		and the mappingable.	(NOTE:	Registered Agent	signature required	when reinstat	ing) DATE	=	
	ILE NOW!!! FEE IS \$150.00						9 Floation Compaign Financia	<b>^-</b>	
Afte Make Chas	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o					İ	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.0 Adde	00 May Be ed to Fees
									o to rees
10.	OFFICERS AND	DIRECTORS		11.		ADDITI	ONS/CHANGES TO OFFICERS AT	ND DIRECTOR	RS IN 11
TITLE NAME	D CHANGE WITH THE CO		Delete	TITLE				☐ Change	☐ Addition
	CWYNAR, WILLIAM R SR			NAME					{
CITY-ST-ZIP	2701 S W 8TH ST BOYNTON BCH FL			STREET ADDRE	ESS				
<del></del>		7/01	<u> </u>	CITY-ST-ZIP		· .			1
TITLE	VP		Delete	TITLE	İ			☐ Change	Addition
NAME STREET ADDRESS	CWYNAR, ANN M			NAME				•	_
STREET ADDRESS CITY-ST-ZIP	2701 SW 8TH ST.			STREET ADDRE	ESS				
	BOYNTON BCH FL			CITY-ST-ZIP					
TITLE			] Delete	TITLE		•		☐ Change	Addition
NAME-			خهود ۱۰ کاکستاست	NAME	. = :	سي- سيد	Programme and the second		
STREET ADDRESS				STREET ADDRE	SS				
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE			Delete	TITLE			1	☐ Change	Addition
NAME CTREET ADDRESS				NAME				<u> </u>	_
STREET ADDRESS CHARLES TO THE CONTROL OF THE CONTRO				STREET ADDRE	ss				
CITY-ST-ZIP				CITY_CT_7ID	1				

12. I hereby certify that the information supplied with this filling 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

BAE REDMANKO CUYNAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

Change

Addition

■ Addition