2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 356200

FILED Aug $08.\overline{2000}$ 8:00 am

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CW ENTERPRISES OF ORLANDO, INC.						Secretary of State 08-08-2000 90002 003 ***400.00		
Principal Place of Business 5101 ANNO AVE ORLANDO FL 32809			Mailing Address 610) ANNO AVE ORLANDO FLA 32809-5083				0 90002 003 *	
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE TO THUS SPACE		
City & State			City & State		4	FEI Number 59-1276344	 	pplied For ot Applicable
Zip Country		Ζip	Country 5.		Certificate of Status Desired	\$8.75 Ad	ditional	
	S. Name	and Address of Current R	egietered Agent	Nam		Name and Address of New Regis	stered Agent	
WOOD, CHARLES R 6101 ANNO AVE.			Stree	Street Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 32	2809		City		<u>. </u>	FL Zip Cod	le ,
SIGNATURE	Signature, typed o	or Orinted marine of registered agent and	d title if explicable. (NOTE.	Registered Agent sk	grabine required when re	ent, or both, in the State of Florida	DATE	
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, 2000 Fee will be \$550.00 Make Check Payable to Department of State		\$550.00	10. Election Campaign Financi Trust Fund Contribution.		May Be to Fees
11.		OFFICERS AND D	RECTORS	12.	AC	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WOOD, CI 6101 ANN ORLANDO		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS		☐ Change	Addition 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	HARLES R. JR. O AVENUE	☐ Delete	TITLE NAME STREET ADDRES CITY-5T-ZIP	z	!	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOD, JE 1528 ENSE ORLANDO	annette s. Enada	Delete	NAME STREET ADDRESS CITY-ST-ZIP	s		Change	* Addition *
TITLE NAME STREET ADORESS CITY-ST-ZIP		1	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	:	☐ Change	Addition
TITLE NAME			☐ Deleta	TITLE			Change	☐ Addition
STREET ADORESS City-St-21P				NAME STREET ADORES CITY-ST-ZIP	s	1		

13. 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 of 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 of the requirer or trustee empowered to execute this report as required by Chapter 807, 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:

407-381-830



1528 Ensenada Drive Orlando, FL 32825 July 31, 2000

Divisions of Corporations P. O. Box 1500 Tallahassee, Florida 32302-1500

Re: C. W. Enterprises of Orlando, Inc.

Reference No. 356200

Please find enclosed Check No. 1030 in the amount of \$400.00 as late fee for filing the annual report/uniform business report for the above corporation.

I trust this takes care of everything.

Sincerely,

Haznetle Sural
Jeannette S. Wood