

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90103 044 ***150.00

DOCUMENT # 398233

1. Entity Name
DENIS A. DWYER AND COMPANY, INC.

Principal Place of Business
**4501 N.W. 103RD AVE.
 STE. 202
 SUNRISE FL 33351
 US**

Mailing Address
**P.O. BOX 4512269
 SUNRISE FL 33345
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1464060**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DWYER, DENIS A
 10951 S.W. 25 ST.
 DAVIE FL 33324**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DWYER, DENIS A | |
| STREET ADDRESS | 10951 SW 25TH ST. | |
| CITY-ST-ZIP | DAVIE FL 33324 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | POPICK, DENISE A. | |
| STREET ADDRESS | 10951 SW 25TH ST | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | DWYER, GLORIA J | |
| STREET ADDRESS | 10951 SW 25TH ST. | |
| CITY-ST-ZIP | DAVIE FL 33324 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DWYER, LAWRENCE T. | |
| STREET ADDRESS | 9884 NOB HILL LANE | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 all other like empowered.

SIGNATURE: Gloria J Dwyer / Gloria Dwyer 4/30/01 954 748-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)