

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90701 025 ***150.00

FILED

DOCUMENT # 398233

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



Principal Place of Business
**5649 NW 84TH TERR
TAMARAC FL 33351
US**

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

10003076



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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	9675 NW 28TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] **3-13-03** **954-722-3336**

Date

Daytime Phone #

CR2E034 (10/02)