

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 23 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0007018 AT

DOCUMENT # A01000000686

Entity Name

CWE LTD.

Principal Place of Business

355 MIRABELLE DRIVE P.O. Box 372  
PENSACOLA FL 32614 Mexia, AL 36458

Mailing Address

355 MIRABELLE DRIVE P.O. Box 372  
PENSACOLA FL 32614 Mexia, AL 36458



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3718847

Applied For

Not Applicable

Zip

32514

Country

Zip

32514

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

THOMPSON, GLENDA E

355 MIRABELLE DRIVE P.O. Box 372  
PENSACOLA FL 32614 Mexia, AL 36458

Name

Capital Connection, Inc.

Street Address (P.O. Box Number is Not Acceptable)

417 E. Virginia St. Suite 1

City Tallahassee

FL

Zip Code

32301

32514 36458

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

*Weimar Lopez for Capital Connection, Inc.* 4/23/02

9. Capital Contributions as Shown on record.

\$12,500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000045850  
NAME CWE MANAGEMENT, INC.  
STREET ADDRESS 355 MIRABELLE DRIVE P.O. Box 372  
CITY-ST-ZIP PENSACOLA FL 32614 32514 Mexia, AL 36458

STREET ADDRESS  
CITY-ST-ZIP 32514

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP 700005391637--8  
-04/30/02--01044--007

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AR-87.50  
ARVPP 88.75

STREET ADDRESS  
CITY-ST-ZIP \*\*\*\*\*176.25 \*\*\*\*\*176.25

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee of the partnership, and that I am not a General Partner of the partnership.

SIGNATURE:

*Glenda E. Thompson*  
By SECRETARY OF STATE, NAME OF SIGNING GENERAL PARTNER

4-5-02

251-575-7081

Date

Daytime Phone #

CR2E003 (9/01)