

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90186 011 \*\*\*150.00

**DOCUMENT # F00000005443**

**1. Entity Name**  
**LUXWOOD ENTERPRISES LIMITED, INC.**

**Principal Place of Business**  
**12798 FOREST HILL BLVD., #202**  
**WELLINGTON FL 33414**

**Mailing Address**  
**12798 FOREST HILL BLVD., #202**  
**WELLINGTON FL 33414**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**625 North Flagler Dr.**

**3. Mailing Address**  
**625 North Flagler Drive**

Suite, Apt. #, etc.  
**9th floor**

Suite, Apt. #, etc.  
**9th floor**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

**4. FEI Number** **APPLIED FOR**  
☐ Applied For  
☐ Not Applicable

Zip  
**333401**

Country

Zip  
**33401**

Country

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

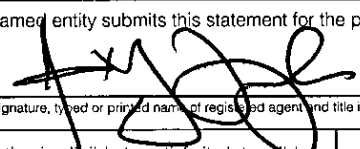
**6. Name and Address of Current Registered Agent**

**WITKOWSKI, RONALD ESQ**  
**12798 FOREST HILL BLVD., #202**  
**WELLINGTON FL 33414**

**7. Name and Address of New Registered Agent**

Name  
**FRANCIS X.J. LYNCH, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**625 North Flagler Drive**  
**9th floor**  
 City  
**West Palm Beach** **FL** Zip Code  
**333401**

**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   
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NICKLEN OVERSEAS LIMITED, BVI COMPANY</b> <b>OMAR HODGE BUILDING, WICKHAM'S CAY</b> <b>ROAD TOWN TORTOLA BVI</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 561 822-0387

CR2E034 (9/01)