

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002768

1. Entity Name  
CWD MANAGEMENT SERVICES, INC.

Principal Place of Business  
202 BUCK DR.  
FT WALTON BCH. FL 32548  
US

Mailing Address  
202 BUCK DR.  
504A  
FT WALTON BCH. FL 32548

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<p>DAVIS, CHARLES W 202 BUCK DR. FT. WALTON BCH. FL 32549</p>			
7. Name and Address of New Registered Agent			
<p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>City _____</p>			
<p>FL Zip Code</p>			

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, CHARLES 2202 BUCK DR. FT WALTON BCH. FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Davis, Charles W. 202 Buck Drive Ft. Walton Beach, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 line empoyered.

SIGNATURE: *CHARLES DAVIS*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Aug 24, 2001 8:00 am  
Secretary of State

03-01-2001 90037 035 \*\*\*158.75

11604



DO NOT WRITE IN THIS SPACE

0006443 AV

CR2E034 (5/01)

8/20/01

Date

Daytime Phone #



Attachment 11604

C. W. Davis, Inc.  
P.O. Box 939  
Fort Walton Beach, FL 32549  
850/301-0510  
Fax: 850/301-0512

August 20, 2001

Divisions of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Attn: Reinstatement Division

RE: CWD Management Services, Inc.  
Document # F96000002768

Dear Sirs,

In receipt of your letter dated March 5, 2001, you requested that an officer of the corporation sign the annual report. This form was signed and returned to your office immediately. Upon receiving a second 2001 Uniform Business Report from your office it was apparent that your office never received the signed form.

Today, in conversation with Stacey (Reinstatement Division), she instructed us to have an officer of the corporation sign and date line 13 of the 2001 UBR and resubmit the form; no other information needs be completed. She stated that no additional fees would be due.

Should you have any questions or need any further information pertaining to this matter you can contact my office at (850) 301-0510.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles W. Davis".

Charles W. Davis

CWD/dma

RECEIVED  
FORT WALTON BEACH  
FLORIDA  
MAIL ROOM  
AUG 20 2001  
850/301-0510  
FAX 850/301-0512