

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0653794 AT

DOCUMENT # F98000003851

1. Entity Name  
PWMB, INC.



FILED

03 FEB 19 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
1950 STEMMONS FREEWAY, STE 6001  
DALLAS TX 75207

Mailing Address  
1950 STEMMONS FREEWAY, STE 6001  
DALLAS TX 75207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-2736541

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 P  
NAME WAGGONER, JEFF  
STREET ADDRESS 1950 STEMMONS FREEWAY, STE 6001  
CITY-ST-ZIP DALLAS TX 75207 ☐ Delete

TITLE VPT  
NAME HENDRICK, JUDY  
STREET ADDRESS 1950 STEMMONS FREEWAY, STE 6001  
CITY-ST-ZIP DALLAS TX 75207 ☐ Delete

TITLE S  
NAME COLLINS, MELODY  
STREET ADDRESS 1950 STEMMONS FREEWAY, STE 6001  
CITY-ST-ZIP DALLAS TX 75207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100012711531  
02/19/03--01010--014 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark M. Chloupek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER  
Mark M. Chloupek  
Vice President

2/6/03

Date

214-863-1285

Daytime Phone #

CR2E034 (10/02)