

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G88984

1. Entity Name

DEW ENGINEERING, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90039 020 ***150.00

Principal Place of Business

1425 SUNSET POINT RD
CLEARWATER FL 33755

Mailing Address

1015 FLUSHING AVE
P.O. BOX 5033
CLEARWATER FL 33758-5033

2. Principal Place of Business

1822 DREW STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

33758

Country

USA

Zip

Country

4. FEI Number

59-2403825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATT, DAVID E.
1015 FLUSHING AVE.
CLEARWATER FL 34624 33764

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33764

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATT, DAVID E. 1015 FLUSHING AVE CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASSIN, MICHAEL J 3160 CLOVERPLACE DR PALM HARBOR FL 34684	☐ 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		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

David E. Watt

DAVID E. WATT pres.

Date

1-12-01

Daytime Phone #

727-448-7664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)