

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50720

1. Entity Name

WPW AVIATION, INC.

Principal Place of Business

413 VIRGINIA DR  
ORLANDO FL 32803  
US

Mailing Address

413 VIRGINIA DR  
ORLANDO FL 32803  
US

2. Principal Place of Business

PO Box 4909

Suite, Apt. #, etc.

3. Mailing Address

PO Box 4909

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

Country

USA

Zip

Country

USA

32802-4909

32802-4909

6. Name and Address of Current Registered Agent

MOTOLAW, INC.  
413 VIRGINIA DR  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name  
UWA SERVICES, INC.

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

City  
ORLANDO

FL

Zip Code  
32804

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	DP WEBSTER, DAVID A. 413 VIRGINIA DR ORLANDO FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WEBSTER, JANE R. 1501 HIGHLAND ROAD WINTER PARK FL	<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	DP WEBSTER, DAVID A. 701 PEACHTREE ROAD ORLANDO, FL 32804	<input checked="" 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
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

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

Date

Daytime Phone #

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90041 016 \*\*\*550.00

AU073130



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2990024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

CP2E034 (5/00)