

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90138 021 ***150.00

DOCUMENT # L51190

1. Entity Name

V.W.C. ENTERPRISES, INC.

Principal Place of Business

1611 ORLANDO AVE
 LONGWOOD FL 32750
 US

Mailing Address

PO BOX 521146
 LONGWOOD FL 32752-1144
 US

2. Principal Place of Business

81 SWEETBRIAR BRANCH
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

Zip

Country

32750 USA

4. FEI Number

59-3000190

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PALAMA, DARRELL K
 1611 ORLANDO AVENUE
 LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

PALAMA, DARRELL K

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

103 SWEETBRIAR BRANCH

City

LONGWOOD

FL

Zip Code

32750

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)

1/15/02
 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	PALAMA, DARRELL K	
STREET ADDRESS	1611 ORLANDO AVE	
CITY-ST-ZIP	ORLANDO FL 32750	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PALAMA, DARRELL K	
STREET ADDRESS	1611 ORLANDO AVE	
CITY-ST-ZIP	ORLANDO FL 32750	
TITLE	S	<input type="checkbox"/> Delete
NAME	PALAMA, DARRELL K	
STREET ADDRESS	1611 ORLANDO AVE	
CITY-ST-ZIP	ORLANDO FL 32750	
TITLE	T	<input type="checkbox"/> Delete
NAME	PALAMA, DARRELL K	
STREET ADDRESS	1611 ORLANDO AVE	
CITY-ST-ZIP	ORLANDO FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 power like empowered.

SIGNATURE:

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

1/15/02

407.466-5643

Date Daytime Phone #

CR2E034 (9/01)