

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007433

1. Entity Name

QW ENTERPRISE

Principal Place of Business

Mailing Address

(Same)

812 Sand Ridge DR  
VALRICO FL 33594

2. Principal Place of Business

Same as above

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

Valrico Fla.

City & State

Valrico Fla.

Zip

33594

Country

Hills.

Zip

33594

Country

Hills.

4. FEI Number

59-3610430

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Calvin T. Wells Sr.  
(QW. Enterprise)  
812 Sand Ridge DR.  
Valrico FL. 33594

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Numbers 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.

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE: Sp. Exec. officer  
NAME: Calvin T. Wells Sr. MGRM  
STREET ADDRESS: 812 Sand Ridge Dr.  
CITY-ST-ZIP: Valrico FL. 33594

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: VP  
NAME: Quinta Wells MGRM  
STREET ADDRESS: 812 Sand Ridge Dr.  
CITY-ST-ZIP: Valrico FL. 33594

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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10. ADDITIONS/CHANGES

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition  
200003287722--5  
-06/14/00--01004--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (1/199)