2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

VALRICO FL 33594

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

812 SAND RIDGE DR.

DOCUMENT # L9900007433

Country

6. Name and Address of Current Registered Agent

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

MANAGING MEMBERS/MANAGERS

1. Entity Name

OW ENTERPRISE, LLC

Principal Place of Business

2. Principal Place of Business

WELLS, CALVIN T SR. 812 SAND RIDGE DR.

VALRICO FL 33594

MGRM

MGRM

WELLS, CALVIN T SR.

812 SAND RIDGE DR.

812 SAND RIDGE DRIVE

NATURE AND TYPED OR PRINTED NAME O

VALRICO FL 33594

WELLS, QUINTA

VALRICO FL 33594

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

9.

TITLE

NAME

TITLE

NAME

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

812 SAND RIDGE DR.

VALRICO FL 33594



Country

City

FILE NOW!!! FEE IS \$50.00

Due By May 1, 2003

10.

TITLE

NAME

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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 true receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

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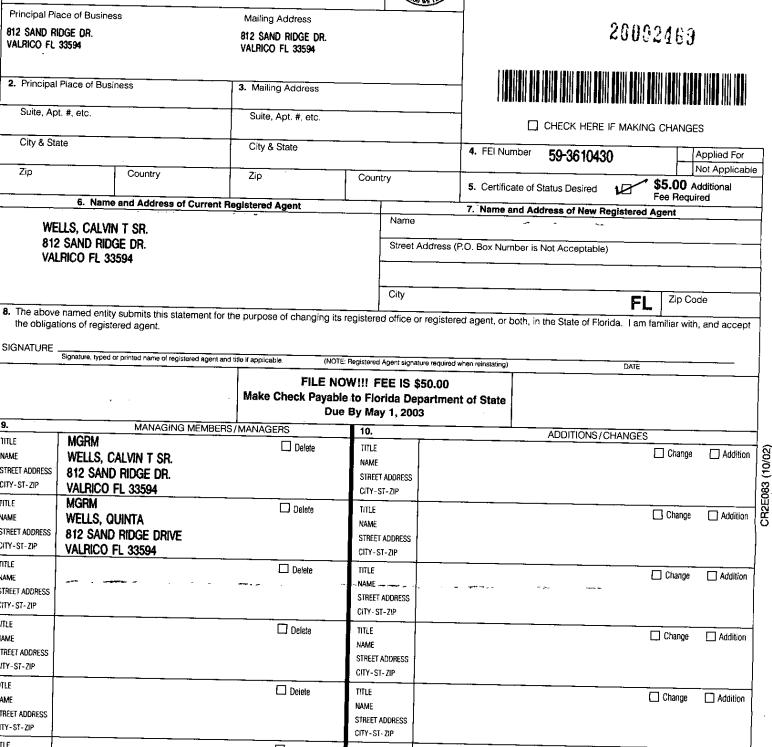
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FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90005 028 ****55.00



☐ Change

☐ Addition