

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005803

1. Entity Name

PWFCID, INCORPORATED

Principal Place of Business

Mailing Address

2666 SHANNON STREET  
ORANGE PARK FL 32965

2666 SHANNON STREET  
ORANGE PARK FL 32965

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3290602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TINNEY, MATTHEW JR  
1048 ENNISON ST  
GREEN COVE SPRINGS FL 32043

Name

Street Address (P.O. Box Number is 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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	AWINE, PATRICK	
STREET ADDRESS	2624 SHOPSBURG COURT	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMPSHIRE, FELECIA	
STREET ADDRESS	508 FRANKLIN ST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	HENRY, MICHAEL	
STREET ADDRESS	703 MILL ST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BATTLES, CHARLES	
STREET ADDRESS	407 PALM ST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROOSEVELT, PAIGE	
STREET ADDRESS	2666 SHANNON ST.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAMPSHIRE, CLARENCE	
STREET ADDRESS	508 FRANKLIN STREET	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000005099330--2	
CITY-ST-ZIP	-03/13/02--01035--001	
	*****61.25 *****61.25	
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	P.D. ROOSEVELT, PAIGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paige	
STREET ADDRESS	2666 SHANNON ST	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	P.D. HAMPSHIRE, CLARENCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarence	
STREET ADDRESS	508 FRANKLIN ST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

3-13-02

Daytime Phone #

FILED

02 MAR 13 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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