2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P0000008048

1. Entity-Name

PW SQUARE, INC.



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90061 025 ***150.00

Principal Place of Business 1447 PAUL HEAD BLVD 3441 POINTE CREEK COURT SUITE 11 #205 NAPLES FL 34110 BONITA SPRINGS FL 34134							
2. Principal Place of Business 5649 STRAUD BLUD 3. Mailing Address					OCIO: 10111 SOLI: 01003 1011 1061		
Suite, Ápt. SVHC-1		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat		City & State		4. FEI Number 59-3620716	Applied For Not Applicable		
Zip' 34110	Country COLLIER	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered	Agent		
	NTE CREEK COURT #205			Street Address (P.O. Box Number is Not Acceptable)			
BONITA SPRINGS FL 34134			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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees							
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WISE, PAT W 3441 POINTE CREEK COURT #29 BONITA SPRINGS FL 34134	□ Delete 05	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 8		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EQHTADARI, LEIGH ASHLEY 7702 MEADOW LANE CHEVY CHASE MD 20815	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WISE, ERNEST H 3441 POINTE CREEK COURT #20 BONITA SPRINGS FL 34134	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· - · • • • • • • • • • • • • • • • • •	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricilla BERATIGICISON WISE, Prosider 2/2/03 239.593.0236