

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90126 027 ***150.00

0062907

DOCUMENT # P00000049968

1. Entity Name

FOUR-W ENTERPRISES, INC.

Principal Place of Business

Mailing Address

432 RIVERVIEW LANE
 MELBOURNE BEACH FL 32951

432 RIVERVIEW LANE
 MELBOURNE BEACH FL 32951

00052874



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1700 W. NEW HAVEN AVE

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

City & State

W. MELBOURNE, FL

City & State

4. FEI Number

59-3648794

Applied For

Not Applicable

Zip

32904

Country

Zip

Country

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

ANDERSON, J. PATRICK
930 SOUTH HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE FL 32901

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | WASCHKA, G. WALTON |
| STREET ADDRESS | 432 RIVERVIEW LANE |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | WASCHKA, MARY H |
| STREET ADDRESS | 432 RIVERVIEW LANE |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | WASCHKA, STEVEN H |
| STREET ADDRESS | 432 RIVERVIEW LANE |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | WASCHKA, ANGELA M |
| STREET ADDRESS | 432 RIVERVIEW LANE |
| CITY-ST-ZIP | MELBOURNE BEACH FL 32951 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WASCHKA, G. ALTON JR. |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WASCHKA, ANGELENE M. |
| 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 all other like empowered.

SIGNATURE:

G. Alton Waschka, Jr.

321 727-4429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/0/00)