

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90227 010 ***150.00

DOCUMENT # P00000049968
 1. Entity Name
FOUR-W ENTERPRISES, INC.

Principal Place of Business
1700 W. NEW HAVEN AVE
#305
MELBOURNE FL 32904

Mailing Address
432 RIVERVIEW LANE
MELBOURNE BEACH FL 32951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number **59-3648794** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ANDERSON, J. PATRICK
930 SOUTH HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	WASCHKA, G. ALTON JR
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, ANGELENE 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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)(f), 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 Jr. Waschka* **PER ALTON WASCHKA, JR** 25 APRIL 2002 321 727 4429
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)