

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90038 008 ***150.00

DOCUMENT # P00000066282

1. Entity Name

H & W PRODUCTIONS AND ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**3100 LEESBURG SQUARE
 PENSACOLA FL 32504**

**3100 LEESBURG SQUARE
 PENSACOLA FL 32504**

2. Principal Place of Business

6510 W. JACKSON

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA

City & State

Florida

4. FEI Number

59-3668481

Applied For

Not Applicable

Zip

Country

32506

Escambia

Zip

Country

32506

Escambia

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KIEVIT, KELLY & ODOM, P.A.
 15 WEST MAIN STREET
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name *Bonnie Newell*

Street Address (P.O. Box Number is Not Acceptable)

3100 Leesburg Square

PENSACOLA FLORIDA

City

FL

Zip Code

32504

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 *Bonnie R. Newell*

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

(NOTE: Registered Agent's signature required when reinstating)

April 16, 2001

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

TITLE Delete
 NAME **D NEWELL, BONNIE R**
 STREET ADDRESS **3100 LEESBURG SQUARE**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE Delete
 NAME **D TRIOLO, MICHAEL J**
 STREET ADDRESS **8990 NORTH DAVIS, APT. 87**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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: *Bonnie R. Newell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2001

Date

Daytime Phone #

CR2E034 (10/00)