

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0022539
AV

DOCUMENT # P00000076009

1. Entity Name
B & W INTERNATIONAL AND INVESTMENT CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 27 PM 1:51

Principal Place of Business
P.O. BOX 4098
JACKSONVILLE FL 32203-0981

Mailing Address
P.O. BOX 40981
JACKSONVILLE FL 32203-0981



2. Principal Place of Business
5566 Moncrief Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 40981
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL
Zip
32209-
Country
USA

City & State
Jacksonville, FL
Zip
32203-0981
Country
USA

4. FEI Number 59-3663705

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

SHARP, LUCINDA
7609 HOVERING MIST WAY
JACKSONVILLE FL 32277-9334

Name
Street Address (P.O. Box Number is Not Acceptable)
8880 Old King Rd S Apt 130 W
City Jacksonville FL Zip Code 32257

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 _____ (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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Secretary SHARP, LUCINDA 7609 HOVERING MIST WAY P.O. Box 40981 JACKSONVILLE FL 32277-9334 32203-0981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Secy ULYSSEE SHARP, JR. P.O. Box 40981 Jax Fla 32203-0981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Donell Wright 608 44th Ave S Jax Fla. 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres Timothy Sharp 2509 W 25th St Jax Fla. 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres Javier Maxwell 5566 Moncrief Rd Jax Fla. 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres Alfred J. Walker 10149 Cherry Tree Ln Dallas, Tx 75234	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: SIGNATURE REQUIRED Ulysses Sharp Jr. 1-27-03 904-422-4795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



TO: CATHY/FLA DEPT OF STATE

Fax: 850-245-6017

From: KARLA REIGNER

Date: 01/27/03

Re: DOC# P95000022523

Pages: 2

CC: REINSTATEMENT FRVTA SERVICE CORP

☒ Urgent☐ For Review☐ Please Comment☐ Please Reply☐ Please Rec

DUE TO NON-RECIPT OF THE RENEWAL OF THE UBR, OUR COMPANY WAS PUT INTO A " INACTIVE STATUS". THE REINSTATMENT FEES AND APPLICATION HAVE ALREADY BEEN SUBMITTED AND DEPOSITED BY YOU ON 1/13/03. WE ARE ASKING FOR A REFUND OF THOSE FEES (DUE TO NON-RECIPT) AND WOULD LIKE TO HAVE THAT REFUND, APPLIED TO THE 2003 UBR DUES,. IF YOU CHECK THE PAYMENT HISTORY OF OUR COMPANY, YOU WILL SEE WE HAVE NEVER , IN THE PAST 23 YEARS, ASKED FOR A REFUND NOR EVER HAD A NON-RECIPT OF THE RENEWAL. SO WE ARE HOPING YOU WILL BE UNDERSTANDING AND BE ABLE TO HELP US OUT WITH THIS SITUATION. WE ALSO ASK THAT THIS IS PROCESSED AS SOON AS POSSIBLE BECAUSE WE ARE TRYING TO RENEW OUR WORKERS COMP INSURANCE AND CANNOT DUE SO UNTIL WE ARE "ACTIVE" I CANT EXPRESS TO YOU, HOW IMPORTANT THIS IS.

I APPRECIATE YOUR HELP AND IMMEDAITE ATTENTION TO THIS MATTER.