**FILED** 

Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90155 006 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



P00000089038 **DOCUMENT #** 

NWARD OUT, INC.				
rincipal Place of Business 506 SHORELINE DR.	Mailing Address 606 SHORELINE DR.			

NAPLES FL	. 34119		NA	PLES FL 34119				\$	1 188(188) (() 88)(( 28)(( 85)) es	un eem e	<b>(*)8: (8:(8</b> :8:): 80:	<b>88</b> (14 <b>8</b> ) 2822 1832
Principal Place of Business Address Address						<del></del>						
Suite, Apt. #, etc. Suite, Apt. #, etc			uite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	4. FEI Number 59-3673380 Applied For					
Zip		Country	Zip			ntry	5.	Certif	icate of Status Desired		\$8.75 A	lot Applicable dditional
	6. Name and Address of Current Registered Agent						7.	Name	and Address of New R	Paletor	Fee Requir	ed
DDEEN	DODOTINA	14				Name		***************************************	and Addicas of New N	gistert	ви Аделт	
	DOROTHY I			•		Stroot A	ddraes (BO	0				
MADI EC	MIAMI TKAL FL 34103	NORTH, SUITE 300				Street At	duress (P.U.	BOX IN	umber is Not Acceptable	)		
NAPLES	FL 34103					ļ	·					
}						City			<u> </u>		Zip Coo	10
8. The above	e named entit	v submits this statement for t	he pur	pose of changing its						F	L Zip Coc	Je Je
the obliga	itions of regist	y submits this statement for t ered agent.	are pur	pose of changing its i	registere	ea office or	registered ac	gent, o	r both, in the State of Flor	ida. I a	m familiar with	and accept
SIGNATURE												
		or printed name of registered agent and	title il ap	plicable. (NOTE:	Registered	Agent signatur	re required when r	reinstatino	<u> </u>	DATE	<del>.</del>	
F	ILE NOW!!	! FEE IS \$150.00				<del></del>	<del></del>	Τ.		DAIL	<u> </u>	
Afte	r May 1, 200	3 Fee will be \$550.00						9.	Election Campaign Fina	incing	\$5.0	0 May Be
	k Payable to	Florida Department of S		1					Trust Fund Contribution			to Fees
10.	<u> </u>	OFFICERS AND DI	RECTO	ORS	11.		AL	OITIO	NS/CHANGES TO OFFIC	CERS AL	VD DIBECTOR	S IN 11
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR