2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000116834 **DOCUMENT#**

1. Entity Name

WERNER DUERR ENTERPRISES, INC.



2864 N.E. 341	ce of Busines FH STREET POINT, FL 33		2864	Mailing Address 2864 N.E. 34TH STREET LIGHTHOUSE POINT, FL 33064						 [] 		
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				/ ☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4	4. FEI Number 65-1093945				Applied For Not Applicable
Zip Country			Zip	Zip Country			5.	. Ce	ertificate of Status Desired		\$8.75 Ac	dditional
	6. Name	and Address of Current	Register	ed Agent			7.	Na	me and Address of New Re	-		
						Name				•		
DUERR, V						Street Add	ress (P.O.	s (P.O. Box Number is Not Acceptable)				
	34TH STRE						.000 (1.0.	D 02	Transcris Not Acceptable)			
LIGHTHOU	JSE POINT,	FL 33064										
						City				FL	Zip Co	de
8. The above the obligat	named entity	submits this statement for ered agent.	the purp	cose of changing its	registere	d office or re	gistered a	agen	t, or both, in the State of Florid		amiliar with	, and accept
SIGNATURE .	Signature broad	or printed name of registered agent a	and title if on	olinable ANOTE	. B							
			no the napp	pilcable. (NOTE	:: registere	d Agent signature re	equired when	reinsi	tating)	DATE		
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State						Election Campaign Finar Trust Fund Contribution.	ncing	\$5.0 Adde	00 May Be
10.		OFFICERS AND (144				TIONOLOU AND FOUND	555		
TITLE	D	OFFICERS AND L	JINEC 10	Delete	11.	· ·	<u>A</u>	וטטו	TIONS/CHANGES TO OFFIC	ERS AND		
NAME Street address City-St-Zip	DUERR, WI 2864 N.E.	erner 34th street Se point, FL 33064		□ Derete	NAMI STRE						☐ Change	Addition
TITLE NAME				☐ Delete	TITLE			•			☐ Change	☐ Addition
STREET ADDRESS				- · · · · · · · · · · · · · · · · · · ·		ET ADDRESS ST-ZIP						
TILE				□ Delete	TITLE		·		· . •-			
IAME				L Delete	NAME						☐ Change	Addition
TREET ADDRESS					STREE	T ADDRESS			·			
SITY-ST-ZIP					CITY-	ST-ZIP						
ITLE IAME				☐ Delete	TITLE						☐ Change	Addition
TREET ADDRESS					NAME	T ADDRESS			*			
ITY-ST-ZIP						ST-ZIP						
ITLE	•			☐ Delete	TITLE						Change	☐ Addition
AME					NAME							
TREET ADDRESS ITY-ST-ZIP						T ADDRESS						
TLE					1	ST-ZIP			<u>.</u>			
AME				Delete	, TITLE NAME						☐ Change	☐ Addition
TREET ADDRESS						T ADDRESS						
TY-ST-ZIP					CITY-	ST-ZIP						

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:

FILED

Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90031 027 ***150.00