

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90118 043 ***150.00

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1. Entity Name
B.N.W., INC.



Principal Place of Business
**6950 BRIGHT AVE.
COCOA FL 32927**

Mailing Address
**6950 BRIGHT AVE.
COCOA FL 32927**



2. Principal Place of Business

4250 ALAFAYA TRAIL

3. Mailing Address

2500 S. WASHINGTON AVE

Suite, Apt. #, etc.

#168

Suite, Apt. #, etc.

MIRACLE CITY MALL #25

City & State

OVIEDO, FL

City & State

TITUSVILLE, FLORIDA

Zip

32765

Country

USA

Zip

32780

Country

U.S.A

4. FEI Number

59-3703733

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIAMS, NANCY L
6950 BRIGHT AVE.
COCOA FL 32927**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	WILLIAMS, NANCY L	6950 BRIGHT AVE. COCOA FL 32927				
	D	WILLIAMS, BILL E	6950 BRIGHT AVE. COCOA FL 32927				

CR2E034 (10/02)

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:

Nancy L Williams

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #