

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91378 001 ***150.00

DOCUMENT # P01000023572

1. Entity Name
DMW ENTERPRISE, INC.



Principal Place of Business
**63 BARKLEY CIRCLE SUITE 100
FORT MYERS FL 33907**

Mailing Address
**16400 HEALTH PARK COMMONS DR
FT MYERS FL 33918**



2. Principal Place of Business

16400 HEALTH PARK COMMONS DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

Zip **33908**

Country **USA**

Zip **33908**

Country

4. FEI Number **NOT APPLICABLE**

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

**LEWIS, SUSAN
16400 HEALTH PARK COMMONS DR
FT MYERS FL 33918**

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

TITLE **D** ☐ Delete
NAME **LEWIS, JEFFREY W MD**
STREET ADDRESS **63 BARKLEY CIRCLE SUITE 100**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **D** ☐ Delete
NAME **LEWIS, SUSAN**
STREET ADDRESS **63 BARKLEY CIRCLE SUITE 100**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16400 HEALTH PARK COMMONS DR.**
CITY-ST-ZIP **FT MYERS, FL 33908**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16400 HEALTH PARK COMMONS DR.**
CITY-ST-ZIP **FT MYERS, FL 33908**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

239-226-9500

Daytime Phone #

CR2E034 (10/02)