

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90121 018 \*\*\*150.00

**DOCUMENT # P01000075637**

1. Entity Name  
**L & W DEVELOPMENT, INC.**



Principal Place of Business  
**26825 OUR CT.  
BONITA SPRINGS FL 34135**

Mailing Address  
**26825 OUR CT.  
BONITA SPRINGS FL 34135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3742824**

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

**WOLFE, CURTIS L JR  
26825 OUR CT.  
BONITA SPRINGS FL 34135**

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)

**2-26-03**

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

TITILE NAME **WOLFE, CURTIS SR** ☐ Delete  
STREET ADDRESS **26825 OUR CT.**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

PITILE NAME **WOLFE, KELLY** ☐ Delete  
STREET ADDRESS **8880 NW 11TH CT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

SITILE NAME **WOLFE, CURTIS L JR** ☐ Delete  
STREET ADDRESS **26825 OUR CT.**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

VITILE NAME **LAWLER, PAUL F** ☐ Delete  
STREET ADDRESS **165 EGRET**  
CITY-ST-ZIP **NAPLES FL 34108**

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

TITILE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITILE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITILE NAME ☐ Change ☐ Addition  
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

**2-26-03**

Date

**992-5176**

Daytime Phone #

CR2E034 (10/02)