

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

DOCUMENT # P01000100497

1. Entity Name
CWV, INC.



FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91202 026 ***150.00

05/7631 AV

Principal Place of Business
1791-4 BOY SCOUT DR
FT MYERS FL 33907

Mailing Address
1791-4 BOY SCOUT DR
FT MYERS FL 33907



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1151163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SULLIVAN, VINCENT A~~

~~6953 WITTMAN DR~~

~~FT MYERS FL 33919~~

Name Cindy Hamm

Street Address (P.O. Box Number is Not Acceptable)

12900 Eagle Pt. Circle

City Ft. Myers

FL

Zip Code

33913

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/13/03

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 DP ☐ Delete
NAME HAMM, CINDY
STREET ADDRESS 12900 EAGLE PT CIR
CITY-ST-ZIP FT MYERS FL 33913

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

TITLE ~~BY~~ ☒ Delete
NAME ~~HUTT, WILLIAM A~~
STREET ADDRESS ~~6953 WITTMAN DR~~
CITY-ST-ZIP ~~FT MYERS FL 33919~~

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

TITLE ~~DST~~ ☒ Delete
NAME ~~SULLIVAN, VINCENT A~~
STREET ADDRESS ~~6953 WITTMAN DR~~
CITY-ST-ZIP ~~FT MYERS FL 33919~~

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Hamm

Date

Daytime Phone #

12/13/03

CR2E034 (10/02)