## 2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

**DOCUMENT#** 

1. Entity Name DWYKAT, INC. P02000003620

**FILED** May 29, 2003 8:00 am Secretary of State

5/1/.

05-01-2003 90390 005 \*\*\*150.00

			1					
Principal Place of Business 6400 W. FAIRFIELD DRIVE PENSACOLA FL 32506		Mailing Address POBOX 36475 PENSACOLA FL 32516		2164516				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State					plied For ot Applicable	
Zip	Country	Zip	Country	-	5. Certificate of Status Desired	11	75 Ado Require	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Ro	egistered Ager	t	
POBOX 36475 6400 West Fairfield Dr PENSACOLA FL 32516 Pensacola, FL 32506			Name Street A	ddress (P.	O. Box Number is Not Acceptable	)	<u>-</u>	
PENSACOI	DA FE 32310 Temperatu	, 12 32300	City			FL	Zip Code	
the obligat  SIGNATURE	named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent at ILE NOW!!! FEE IS \$150.00		egistered office of Registered Agent signal		hen reinstating)	DATE		
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					Election Campaign Fin.     Trust Fund Contribution	ı.	Added	0 May Be to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFI			
NAME STREET ADDRESS	PT RUSHING, DWYKE L 6400 W. FAIRFIELD DRIVE PENSACOLA FL 32508	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ų	Change	Addition
STREET ADDRESS	V Rushing, Kathy R 6400 W. Fairfield Drive Pensacola Fl 32506	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
STREET ADDRESS	S RUSHING, MELISSA M 233 MEADSON WAY PENSACOLA FL 32506	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	and the second s		Change	Addition
NAME STREET ADDRESS	D RUSHING, JASON D 1848 EAST AVE. J-4, APT. O LANCASTER CA 93535	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	497 I	ING, JASON D DOGWOOD DRIVE 7, MD 20657	XIX	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		÷		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and in Sant	ion 110 07/2Vik Florida Statutos I		Change .	Addition

I nereby certify that the information supplied with this filling 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

SOUIRED OR PIGNTED NAME OF SIGNING OFFICER OR DIRECTOR