

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90091 027 \*\*\*158.75

DOCUMENT # *P02000019775*

1. Entity Name  
*NPWG, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*4408 PETERS ROAD*  
Suite, Apt. #, etc.

3. Mailing Address  
*1844 N. NOB HILL ROAD*  
Suite, Apt. #, etc.  
*615*

DO NOT WRITE IN THIS SPACE

City & State  
*FT. LAUDERDALE, FL*  
Zip  
*33317*  
Country  
*USA*

City & State  
*PLANTATION, FL*  
Zip  
*33322*  
Country  
*USA*

4. FEI Number  
*02-0549745*

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name *BRIAN COLEMAN*  
Street Address (P.O. Box Number is Not Acceptable)  
*1844 N. NOB HILL ROAD #615*  
City *PLANTATION* FL Zip Code *33322*

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]*

*1/27/03*  
DATE

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. PRESIDENT OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>PRESIDENT<br/>BRIAN COLEMAN<br/>1844 N. NOB HILL ROAD<br/>#615<br/>PLANTATION, FL 33322</i>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>VICE PRESIDENT<br/>MEL COLEMAN<br/>1844 N. NOB HILL ROAD #615<br/>FT. LAUDERDALE, FL 33322</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>DARNEIL WATSON<br/>DIRECTOR<br/>4410 PETERS ROAD<br/>FT. LAUDERDALE, FL 33317</i>              |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/27/03* *954-651-1140*  
Day Daytime Phone #

CR2E034B (12/02)