

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90180 035 ***150.00

DOCUMENT # P02000020137

1. Entity Name
DEW ENTERPRISES, INCORPORATED



Principal Place of Business
4271 CAREYWOOD DRIVE
MELBOURNE FL 32934

Mailing Address
4271 CAREYWOOD DRIVE
MELBOURNE FL 32934

2. Principal Place of Business

3150 W. NEW HAVEN AVE 3476 SADDLE BROOK DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE FL

City & State
MELBOURNE FL

4. FEI Number
02-6542120

Applied For
Not Applicable

Zip
32904

Country
USA

Zip
32934

Country
USA

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

WILLIAMS, EDWARD D
4271 CAREYWOOD DRIVE 3471 SADDLE BROOK DR
MELBOURNE FL 32934

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WILLIAMS, EDWARD D**
STREET ADDRESS **4271 CAREYWOOD DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3476 SADDLE BROOK DRIVE**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILLIAMS, DEBORAH D**
STREET ADDRESS **4271 CAREYWOOD DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3476 SADDLE BROOK DRIVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SEWARD D. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 34-951-2822
Date Daytime Phone #

CR2E034 (10/02)