

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

06-23-2003 90060 047 ***150.00
07-28-2003 90151 044 ***400.00

DOCUMENT # P02000071000

1. Entity Name
D & W PROPERTIES OF ENGLEWOOD, INC.



Principal Place of Business
**1605 MAIN STREET STE 1111
SARASOTA FL 34236**

Mailing Address
**1605 MAIN STREET STE 1111
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

1811 Englewood Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 220

City & State

City & State

Englewood, FL

Zip

Country

Zip

Country

34223

USA

4. FEI Number

56-2283309

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

7. Name and Address of New Registered Agent

**HARRISON, R. CRAIG ESQ
C/O LYONS BEAUDRY & HARRISON, P.A.
1605 MAIN STREET STE 1111
SARASOTA FL 34236**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGENBAHN, WERNER AM BURGGRABEN 10 85049 INGOLSTADT, GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Langenbahn, Dieter 1811 Englewood Road PMB 220 Englewood, FL, 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

6/18/03

(941) 953-7446

Date

Daytime Phone #

CR2E034 (10/02)



Kerkering, Barberio & Co., P.A.
Certified Public Accountants

Attachment

80133907
PO2000071000

Principals

Allan J. Barberio, CPA*/CFP™
Charles R. Baumann, CPA*
Robert P. Clarke, CPA*
Beth C. Ebersole, CPA*/ABV†
Shirley Irons Faist, CPA*

Shirley E. Fieber, CPA*
Renea M. Glendinning, CPA*/CLU*
Richard E. Goble, CPA*
Susan B. Grundy, CPA*/ABV†
Kathleen A. Hargreaves, CPA*

Barbara A. Jones, CPA*/CFP™
Richard J. Kerkering, CPA* (Ret.)
Robert J. Lane, CPA*
Caroline D. Strickland, CPA*

July 25, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: D & W Properties of Englewood, Inc.

Dear Sir or Madam:

Enclosed is a copy of your letter dated June 25, 2003, showing receipt of \$150 and requesting an additional \$400. A check made payable to the Florida Department of State in the amount of \$400 is enclosed, as requested.

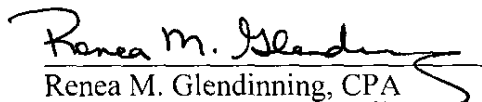
Please note that a change of address has been added to the 2003 Uniform Business Report copy that was sent with your June 25, 2003 letter. Please change the mailing address to:

1811 Englewood Road, PMB 220
Englewood, Florida 34223

Thank you for your assistance in this matter.

Very truly yours,

KERKERING, BARBERIO & CO., P.A.


Renea M. Glendinning, CPA

RMG/pg