

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90182 004 ***150.00

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1. Entity Name
KWW DEVELOPMENT, INC.



Principal Place of Business
**26650 HWY 54
LUTZ FL 33559**

Mailing Address
**26650 HWY 54
LUTZ FL 33559**

2. Principal Place of Business
26650 Wesley CHAPEL BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LUTZ, FL.

City & State

City & State

Zip
33559

Country
US

Zip

Country

4. FEI Number

54-2066415

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

**REIBER, JACOB I ESQUIRE
26650 HWY 54
LUTZ FL 33559**

Name

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

26650 Wesley CHAPEL BLVD

LUTZ, FL.

33559

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 ☐ Delete
NAME **D**
STREET ADDRESS **WILD, JOHNNY L**
CITY-ST-ZIP **PO BOX 7063
WESLEY CHAPEL FL 33543**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WINKLER, BERNARD**
CITY-ST-ZIP **PO BOX 7063
WESLEY CHAPEL FL 33543**

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

TITLE ☐ Delete
NAME **D KRETZINGER**
STREET ADDRESS **KRETZINGER, MICHAEL R**
CITY-ST-ZIP **22511 HALE RD
LAND O' LAKES, FL 34639**

TITLE ☒ Change ☐ Addition
NAME **KRETZINGER, MICHAEL R**
STREET ADDRESS **22511 HALE ROAD**
CITY-ST-ZIP **LAND O' LAKES, FL 34639**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

Date

Daytime Phone #

1-6-03

813-991-7717

CR2E034 (10/02)