

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000124241

1. Entity Name  
CWF CONSULTING & ASSOCIATES, INC.



FILED

03 APR 25 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
927 CHESTWOOD AVENUE  
TALLAHASSEE, FL 32303

Mailing Address  
927 CHESTWOOD AVENUE  
TALLAHASSEE, FL 32303

2. Principal Place of Business

8352 INNSBROOK DR.  
Suite, Apt. #, etc.

3. Mailing Address

8352 INNSBROOK DR.  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEL Number

59-3768318

Applied For

Not Applicable

Zip

32312

Country

US

Zip

32312

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREEBERG, C. WAYNE  
927 CHESTWOOD AVENUE  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

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

8352 INNSBROOK DR.

City

TALLAHASSEE

FL

Zip Code

32312

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

*DeWayne Freney*

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	P	<input type="checkbox"/> Delete
NAME	FREEBERG, C. WAYNE	
STREET ADDRESS	927 CHESTWOOD AVENUE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEE, EARLE E	
STREET ADDRESS	41 N 20TH STREET #17	
CITY-ST-ZIP	HAINES CITY, FL 33844638	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8352 INNSBROOK DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*DeWayne Freney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

297-1984

Date

Daytime Phone #

CR2E034 (10/02)