

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90093 002 ***150.00

0154577 FP

DOCUMENT # P02000127565

1. Entity Name

B & W ENTERPRISES OF JACKSONVILLE, INC.



Principal Place of Business

**6210 U S 1 NORTH
ST. AUGUSTINE FL 32095
US**

Mailing Address

**10930 U S 1 NORTH
ST. AUGUSTINE. FL 32095
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0908554

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

**MILLER, LARRY T
10930 U S 1 NORTH
ST. AUGUSTINE FL 32095**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 **President**
STREET ADDRESS **LOUIE E. Williams III**
CITY-ST-ZIP **10930 U.S. 1 NORTH
ST. AUGUSTINE, FL 32095**

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

TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **LARRY T. Miller**
CITY-ST-ZIP **10930 U.S. 1 NORTH
ST. AUGUSTINE, FL 32095**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY T. Miller 9-9-03

904-993-3905

Date

Daytime Phone #

CP2E034 (4/03)

Attachment
80147149
702000127565
B @ W ENTERPRISES OF JACKSONVILLE, INC.

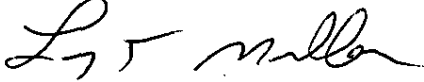
September 09, 2003

Secretary of State
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 323302-1500

To Whom It May Concern:

I have searched high and low and cannot find any evidence of receiving an earlier request for this information. I wish the \$400.00 additional fee waived. I am the Vice President and chief operating officer and handle the day-by-day affairs of this Corporation.

Sincerely,



Larry T. Miller, Vice President
B @ W Enterprises of Jacksonville, Inc.
904-993-3905-