2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

SIGNATURE AND TYPED OR RAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suite, Apt. #, etc.

LAKEWORTH FL 33460-1380

P.O. BOX 1380

SUITE B

DOCUMENT # P9300067615

BWF ENTERPRISES, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1001 W JASMINE DR

LAKE PARK FL 33413

UNITS K & L

65-0438616 Not Applicable Zip .. Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLORIDA LAWDOCK INC Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE 4TH FLOOR WEST PALM BEACH FL 33402-3188 Zip Code FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE BRESNAHAN, ROBERT NAME 3649 E SANDPIPER DR, #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Addition ☐ Change TITLE ☐ Delete TITLE BRESNAHAN, GLENN NAME NAME STREET ADDRESS 5320 ADAMS RD STREET ADDRESS **DELRAY BEACH FL 33484** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE BURNETT, NEWTON C NAME NAME STREET ADDRESS 11811 AVE. OF THE PGA, 5-18 STREET ADDRESS CITY-ST-ZIP PALM BCH. GARDENS FL CITY-ST-ZIP Addition Change ☐ Delete TITLE **VONDRAK, RICHARD** NAME 1617 N FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change Addition TITLE ☐ Delete TITLE HAMPTON, KATHRYN NAME NAME 1016 S J ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 CITY-ST-ZIP" * # LAKE WORTH FL Addition ☐ Delete TITLE TITLE HAMPTON, KATHRYN NAME NAME 1016 SOUTH J STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90096 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For