

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90147 033 ***150.00

DOCUMENT # P94000050710

1. Entity Name
DEWITT ENTERPRISES, INC.



Principal Place of Business
P O BOX 770337
WINTER GARDEN FL 34777-0337

Mailing Address
P O BOX 770337
WINTER GARDEN FL 34777-0337
US

2. Principal Place of Business

3. Mailing Address

14463 W Colonial Dr

14463 W Colonial

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Garden FL

City & State
Winter Garden FL

Zip
34787

Country

Zip
34787

Country

4. FEI Number
59-3256834

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

SEVERNS, ANN
16617 CHAMPIONS CT
CLERMONT FL 34711

Name
Street Address (P.O. Box Number is Not Acceptable)
2388 Baronsmeade Court
City **Winter Garden** FL Zip Code **34787**

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 **P**
STREET ADDRESS **DEWITT, DALE A.**
CITY-ST-ZIP **10215 LAKE LOUISA RD**
CLERMONT FL 34711

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SEVERNS, ANN**
CITY-ST-ZIP **16617 CHAMPIONS CT**
CLERMONT FL 34711

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2388 Baronsmeade Court**
CITY-ST-ZIP **Winter Garden FL 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

4/6/03

Date

407-656-7799

Daytime Phone #

CR2E034 (10/02)