

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076875

1. Entity Name

PWD NEWCO, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90021 001 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1301-7 MONUMENT ROAD~~  
JACKSONVILLE FL 32225

~~1301-7 MONUMENT ROAD~~  
JACKSONVILLE FL 32225-0482

2. Principal Place of Business

3. Mailing Address

9550 Regency Sq Blvd  
Suite, Apt. #, etc.  
# 530

9550 Regency Sq Blvd  
Suite, Apt. #, etc.  
# 530

City & State  
Jacksonville FL

City & State  
Jacksonville FL

Zip  
32225

Country  
Dural

Zip  
32225

Country  
Dural



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3282480

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

DAVIS, PAUL W  
310 MEADOWFIELD BLUFF ROAD  
YULEE FL 32097

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, PAUL W	
STREET ADDRESS	<del>1301-7 MONUMENT ROAD</del>	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BRENDA M	
STREET ADDRESS	<del>1301-7 MONUMENT ROAD</del>	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Staver, D. Corey	
STREET ADDRESS	279 Meadowfield Bluff Rd	
CITY-ST-ZIP	Yulee FL 32097	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 Meadowfield Bluff Rd	
STREET ADDRESS	Yulee, FL 32097	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 Meadowfield Bluff Rd	
STREET ADDRESS	Yulee FL 32097	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature* **SIGNATURE REQUIRED - Director** 3-17-00 9047218881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)