2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400089525 DWDC, INC.					Secretary of State 02-13-2002 90285 003 ***150.00			
Principal Plac	ce of Business	Mailing Address						
6820 SO FLOI LAKELAND FL US		949 TIMBER GREEN DRIVE LAKELAND FL 33809			4 (48)(188) (48 (49)(18)(18)(18)(18)(18)(18)(18)	IN 8810 1 (8110 (8100)	1887 Bill (887)	
2. Principal F	Place of Business	3. Mailing Address 3101 Big Valley Drive						
Suite, Apt. #, etc. Suite, Apt. #, etc.			•		DO NOT WRITE IN	I THIS SPACE		
City & Stat	te	City & State Lakeland FL	,	4.	FEI Number 59-3310345		oplied For ot Applicable	
Zip	Country	Zin Cou	us _A	5.	Certificate of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current Re		Name	7.	Name and Address of New Regis	stered Agent		
ACTIVANI CTEDUEN U								
ARTMAN, STEPHEN H 908 SO FLORIDA AVE			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
STE 102 COLONIAL BLDG.								
LAKELAND FL 33803			City	FL Zip Code				
	named entity submits this statement for t	he purpose of changing its registe	ered office or	registered a	gent, or both, in the State of Florida	l.		
SIGNATURE :	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Registe	ered Agent signatur	e required when	reinstating)	DATE		
Tax filing requirement and elects to do so After May 1, 2		FILE NOW!!! FEI After May 1, 2002 Fe Make Check Payable to I	2 Fee will be \$550.00		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND D	IRECTORS 12	2.		DDITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, JR, DONALD W 949 TIMBERGREEN DRIVE LAKELAND FL	NA ST	REET ADDRESS TY-ST-ZIP	3101 Bi	JR, DONALDW g Valley Drive and FL 33813	⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, CAROLYN 949 TIMBER GREEN DRIVE LAKELAND FL 33809	NA ST	TLE AME REET ADDRESS TY-ST-ZIP	V-00	WENDY M. g Valley Drive and, FL 33813	Change	∑ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA St	TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST	TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA STI	TLE VME REET ADORESS TY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA STI	ile IME Reet Address IY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee expower or on an attachment with an address, with the content of the content with an address, with the content with an address, with the content with t	ue and accurate and that my sign ered to execute this report as requ	ature shall ha	ive the same	e legal effect as if made under oath;	; that I am an officer	or director	

SIGNATURE: