

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090178

1. Entity Name

FLW ENTERPRISES, INC.

FILED

Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90164 042 \*\*\*150.00

Principal Place of Business  
14620 FAIR HAVENS ROAD  
FORT MYERS FL 33908  
US

Mailing Address  
14620 FAIR HAVENS ROAD  
FORT MYERS FL 33908  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3280510**  
Applied For  
Not Applicable

Zip Country

Zip Country

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

WASSERSUG, FAITH  
14620 FAIR HAVENS ROAD  
FORT MYERS FL 33908

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	P	<input type="checkbox"/> Delete
NAME	WASSERSUG, FAITH	
STREET ADDRESS	14620 FAIR HAVENS RD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	V	<input type="checkbox"/> Delete
NAME	WASSERSUG, STEPHEN R	
STREET ADDRESS	14620 FAIR HAVENS RD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	WASSERSUG, MARK	
STREET ADDRESS	903 OGLETHORPE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	WASSERSUG, KURT	
STREET ADDRESS	1004 MT VERNON CT	
CITY-ST-ZIP	MARLTON NJ 08053	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: FAITH WASSERSUG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/00 94-489-1647  
Date Daytime Phone #

CR2E034 (9/99)