

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90140 048 ***150.00

DOCUMENT # P96000033041

1. Entity Name

PWK ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2763 S. RIDGEWOOD AVENUE

3. Mailing Address

2763 S. Ridgewood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South DAYTONA

City & State

South DAYTONA

Zip

32119

Country

USA

Zip

32119

Country

USA

4. FEI Number

59 3373909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICIA STATT

Street Address (P.O. Box Number is Not Acceptable)

219 Sandy Circle

City

South DAYTONA

FL

Zip Code

32119

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PD
NAME	STATT, PATRICIA
STREET ADDRESS	219 Sandy Circle
CITY - ST - ZIP	South Daytona FL 32119
TITLE	VP
NAME	SCHIED GERALD G
STREET ADDRESS	219 Sandy Circle
CITY - ST - ZIP	South Daytona FL 32119
TITLE	S
NAME	SCHIED Kurtis J
STREET ADDRESS	242 Sandy Circle
CITY - ST - ZIP	S. DAYTONA FL 32119

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Statt

PATRICIA STATT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-03

386 761 3138