

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/24/2003-90117-022-\$150.00-\$150.00

DOCUMENT # P96000051549

1. Entity Name
P.D.W., INC.

03 AUG -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDAPrincipal Place of Business
14802 N. FLORIDA AVE.
#R-275
TAMPA FL 33613Mailing Address
14802 N. FLORIDA AVE.
#R-275
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3402391

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

WOLBERT, PAUL D
14802 N. FLORIDA AVE., R-275
TAMPA FL 33613

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution.☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	WOLBERT, PAUL D	14802 N. FLORIDA AVE., R-275	TAMPA FL 33613	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Paul D. Wolbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORJuly 22, 2003
Date813-503-8547
Daytime Phone

CPRE034 (4/03)

0085785
AN

July 22, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: # P96000051549

To whom it may concern,

This letter is a request to waive the \$400 late fee for the Uniform Business Report for P.D.W., Inc.

In the past, my reporting has always been punctual, yet this year, I never received the initial reporting form.

I would appreciate any assistance you may afford me.

Thank you.



Paul D. Wolbert