

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90016 029 \*\*\*150.00

**DOCUMENT # P97000001220**

1. Entity Name  
**NWS ENTERPRISES, INC.**

Principal Place of Business      Mailing Address

**7244 B OVERLAND ROAD**      **7244 B OVERLAND ROAD**  
**ORLANDO FL 32810**      **ORLANDO FL 32810-3406**

**951151**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**3609 OLD WINTER GARDEN RD.**      **3609 OLD WINTER GARDEN RD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE A-3**      **SUITE A-3**  
 City & State      City & State  
**ORLANDO FL**      **ORLANDO FL**  
 Zip      Zip  
**32805**      **32805**  
 Country      Country

4. FEI Number      Applied For

**59-3422976**      ☐ Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

☐      ☐

6. Name and Address of Current Registered Agent

**SMITH, J W**  
**7244 B OVERLAND ROAD**  
**ORLANDO FL 32810**

*SMITH, J W*  
*3609 OLD WINTER GARDEN RD.*  
*ORLANDO, FL 32805*

7. Name and Address of New Registered Agent

*James A Conduette*      **JAMES A CONDUETTE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3609 OLD WINTER GARDEN RD.**  
 City      Zip Code  
**ORLANDO 32805**      **FL 32805**

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 *James A. Conduette*      DATE **4-24-00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDLOW, GARY		NAME		
STREET ADDRESS	5831 WOODBINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *James A. Conduette*      DATE: **4-24-00**      DAYTIME PHONE #: **407-298-0435**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR