

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

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90139 027 \*\*\*150.00

DOCUMENT # P97000001220  
1. Entity Name  
NWS ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3609 OLD WINTER GARDEN RD.  
Suite, Apt. #, etc.  
STE A-3

3. Mailing Address  
5831 Woodbine Dr. Orlando FL  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO FL

City & State  
ORLANDO FL

4. FEI Number  
59-3422976

Applied For  
Not Applicable

Zip  
32805

Country

Zip  
32809

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
JAMES MERLIL

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

645 E. 1ST ST.

City  
APOPKA

FL

Zip Code  
32703

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
GARY LUDLOW  
5831 Woodbine Dr  
ORLANDO, FL 32809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: Gary Ludlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 407-247-7717

Date

Daytime Phone #

CR2E034B (12/01)