

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020225

1. Entity Name

NWF INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90067 047 ***150.00

Principal Place of Business

4648 ASHTON ROAD
SARASOTA FL 34233

Mailing Address

4648 ASHTON ROAD
SARASOTA FL 34240-7897

2. Principal Place of Business

1899 PORTER LAKE DR.

3. Mailing Address

1899 PORTER LAKE DR.

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

SARASOTA, FLA.

City & State

SARASOTA, FLA.

Zip

34240

Country

USA

Zip

34240

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0737545

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLBROCK, TRAVIS
4648 ASHTON ROAD
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

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

520 CUMMINGS ST.

City

SARASOTA

FL

Zip Code

34242

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

TRAVIS WELLBROCK

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

(NOTE: Registered Agent signature required when reinstating)

4/17/00

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

TITLE PD
NAME WELLBROCK, TRAVIS
STREET ADDRESS 520 CUMMINGS STREET
CITY-ST-ZIP SARASOTA FL 34233



TITLE D
NAME STUTDMANN, MARK
STREET ADDRESS 4242 DRYDEN CIRCLE
CITY-ST-ZIP SARASOTA FL 34241



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



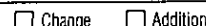
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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:

TRAVIS WELLBROCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(941)
378-3534

Daytime Phone #

CR2E034 (9/99)