

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90033 011 ***150.00

DOCUMENT # P97000078556

1. Entity Name
PWD, INC.

Principal Place of Business
**6251 44TH ST. NO.
 #1
 PINELLAS PARK FL 33781**

Mailing Address
**6251 44TH ST. NO.
 #1
 PINELLAS PARK FL 33781**



DO NOT WRITE IN THIS SPACE

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
59-3468810

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WACHNER, DALE T
 6251 44TH ST. N.
 #1
 PINELLAS PARK FL 33781**

Name **DALE T. WACHNER**
 Street Address (P.O. Box Number is Not Acceptable)
**14810 Rue de Bayonne
 6C
 City CLEARWATER FL Zip Code 33762**

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 *Dale T. Wachner* **DALE T. WACHNER**

1/14/02
 DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WACHNER, DALE T 13000 GULF BLVD. #112 MADEIRA BEACH FL 33708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WACHNER, TRENT 6234 CALIFORNIA ST SAN FRANCISCO CA 94121	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHINNERER, KRISTIN 1405 ENTRADA VERDE ALAMO CA 94507	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	14810 Rue de Bayonne #6C CLEARWATER, FL 33762	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4354 BELCARRA CT DUBLIN, CA 94568	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARAH F. Booth 14810 Rue de Bayonne 6C CLEARWATER, FL 33762	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: *Dale T. Wachner* **DALE T. WACHNER**

1/14/02
 Date

(727) 527-7389
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)