

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085842

1. Entity Name

DW ENTERPRISES OF TAMPA BAY, INC.

Principal Place of Business

4302 E 10TH AVE  
STE 105  
TAMPA FL 33605  
US

Mailing Address

4302 E 10TH AVE  
STE 105  
TAMPA FL 33605  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

4. FEI Number

59-3470678

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CUMBA, MARID G  
513 GATEWAY DR  
LAKELAND FL 33803

Name

CUMBA, MARID G

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

513 EASTWAY DR

City

LAKELAND

FL

Zip Code

33803

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 4/1/02

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 State10. 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 DM  Delete  
NAME CUMBA, MARID G  
STREET ADDRESS 513 EASTWAY DR  
CITY-ST-ZIP LAKELAND FL 33803TITLE DM  Change  Addition  
NAME CUMBA, MARID G  
STREET ADDRESS 513 EASTWAY DR  
CITY-ST-ZIP LAKELAND FL 33803TITLE PO  Delete  
NAME CARDPEND, STEVEN  
STREET ADDRESS 1262 GLENCREST DR  
CITY-ST-ZIP HEATHROW FL 32746TITLE PD  Change  Addition  
NAME CARDPEND, STEVEN  
STREET ADDRESS 1262 GLENCREST DR  
CITY-ST-ZIP HEATHROW FL 32746TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02 (813) 241-4505

Date

Daytime Phone #

02561 AV

CR2E034 (9/01)