2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 1

DOCUMENT # P98000014123 1. Entity Name B.N.W.U.S.A., INC.					Secretary of State 01-30-2002 90046 022 ***150.00			
Principal Place 2396 RAVENN UNIT 101 NAPLES FL 3 US 2. Principal P	NA BLVD MH03 lace pt Business	Mailing Address 2396 RAVENNA BLVD UNIT 101 NAPLES FL,34463 US 3. Mailing Address 2396 2446	B.					
Suite, Apt. Live State City & State	#, etc. 	Suite, Apt. #, etc. Large Color City & State Nociss F			DO NOT WRITE IN THIS SPA FEI Number 59-3512257	Appli Not A	lied For Applicable	
3410	S Country U.S. &	Zip 34109 egistered Agent	Country	• •		.75 Addition Required	onal	
WOOD, JEFFREY A 2396 RAVENNA BLVD. UNIT 101 NAPLES FL 34103			Street Ac 2 3 9	WOOD JEFFREY A Address (P.O. Box Number is Not Acceptable) OC PAYENNA DLVD. FL Zip Code 3 A 1 0 9				
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 filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution.								
<u> </u>	ria on back)	Make Check Payable			DUTIONS (CHANGES TO OFFICERS AND DIS	DECTORS	NIA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DP WOOD, JEFFREY A 2396 RAVENNA BLVD. UNIT 101 NAPLES FL 34103	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000 7396 7000	PAYENDA BUD,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RODZONIAK, HARRY 205 GREENBRIAR ROAD ANCASTER, ONTARIO, CANADA I	□ Delete .9G4V-3	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, COLIN W 427 PAPAYA ST. GOODLAND FL 34140	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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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.								