

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90858 005 ***158.75

03/4339 AV

DOCUMENT # P98000034336



1. Entity Name
W-3 ENTERPRISES INC.

Principal Place of Business
~~C/O MIRKIN & WOOLF, P.A.
1700 PALM BEACH LAKES BLVD #580
WEST PALM BEACH FL 33401~~

Mailing Address
~~C/O MIRKIN & WOOLF, P.A.
1700 PALM BEACH LAKES BLVD #580
WEST PALM BEACH FL 33401~~



2. Principal Place of Business
60 Country Rd. S

3. Mailing Address
60 Country Rd S.

CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach FL

City & State
Boynton Beach FL

4. FEI Number **65-0924921**
Applied For
 Not Applicable

Zip *33436* Country *Palm Beach*

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

6. Name and Address of Current Registered Agent
~~MIRKIN, MARK H ESQ
C/O MIRKIN & WOOLF, P.A.
1700 PALM BEACH LAKES BLVD #580
WEST PALM BEACH FL 33401~~

7. Name and Address of New Registered Agent
Name *W. WINDLE*
Street Address (P.O. Box Number is Not Acceptable)
60 Country Rd S.
City *Boynton Beach* FL Zip Code *33436*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Winstone Windle* *Winstone Windle* *2/24/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WINDLE, WINSTONE W 1700 PALM BEACH LAKES BLVD #580 WEST-PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WINDLE, WINSTONE W 60 COUNTRY RD'S BOYNTON BEACH FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Winstone Windle* **Winstone Windle** *2/24/03* *361 369-2443*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)