2001 UNIFORM BUSINESS REPORT (LAR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P98000036828 1. Entity Name 04-05-2001 90023 036 ***150.00 JW ENTERPRISES, INC Principal Place of Business Mailing Address 14551 SW 17 CT 1455 | SW 17 CT DAVIG FC 33325 DAVIE, FC 33325 A0043015 3. Mailing Address 2. Principal Place of Business Suite Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0833420 Not Applicable 5.-Gertificate of Statue: Desired \$8.75. Additional Country Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAREHAM, CATHERING! Street Address (P.O. Box Number is Not Acceptable) 14551 SW 17 CT DAVIE, FL City Zip Code 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (11/00) DIRECTOR ■ Addition ☐ Delete TITLE TITLE WAREHAM, ITOM NAME NAME IYSSI SW IT CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33325 DAVIE, FC ☐ Change ☐ Addition Delete TITLE TITLE DIRECTOR WAREHAM, CLATHERINE NAME NAME STREET ADDRESS STREET ADDRESS 14551 2W 17 CT CITY-ST-ZIP CITY-ST-ZIP DAVIE, FC 33325 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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: _

FILED