

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90044 042 \*\*\*158.75

DOCUMENT # P98000036882

1. Entity Name

B & W ASSOCIATES, INC.

Principal Place of Business

8052 N. 56H STREET  
TAMPA FL 33617

Mailing Address

8052 N. 56H STREET  
TAMPA FL 33617

2. Principal Place of Business

12955 BELLAMY BROTHERS BLVD.  
Suite, Apt. #, etc.

3. Mailing Address

12955 BELLAMY BROTHERS BLVD.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DADE CITY, FLORIDA

City & State

DADE CITY, FLORIDA

4. FEI Number 59-3513154

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33525

Country

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURNS, DALE E  
8052 N. 56H STREET  
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

DALE E. BURNS

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

11868 SKY LAKE PLACE

City

TEMPLE TERRACE

FL

Zip Code

33617

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 E Burns, DALE E. BURNS, PRESIDENT 4-2-2001

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 filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BURNS, DALE E  
CITY-ST-ZIP 11869 SKY LAKE PL  
TEMPLE TERRACE FL 33617

TITLE ☐ Delete  
NAME VTS  
STREET ADDRESS WATKINS, HERBERT E  
CITY-ST-ZIP 2906 BARRET AVE  
PLANT CITY FL 33567

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: H. E. Watkins, HERBERT E. WATKINS, VPS 4-2-2001 352-588-2209x102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)