2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000084605**

D.W.R. ENTERPRISES OF P.B., INC.

Mailing Address Principal Place of Business 5260 MELALEUCA LANE 5260 MELALEUCA LANE LAKE WORTH FL 33463 LAKE WORTH FL 33463 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FEI Number City & State 65-0969642 Country Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REES, DONALD W Street Address (P.O. Box Number is Not Acceptable) **5260 MELALEUCA LANE** LAKE WORTH FL 33463 City F 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS Change TITLE TITLE ☐ Delete REES, DONALD W NAME NAME STREET ADDRESS 5260 MELALCUCA LANE STREET ADDRESS CITY-ST-7IP LAKE WORTH FL 33463 CITY-ST-ZIP Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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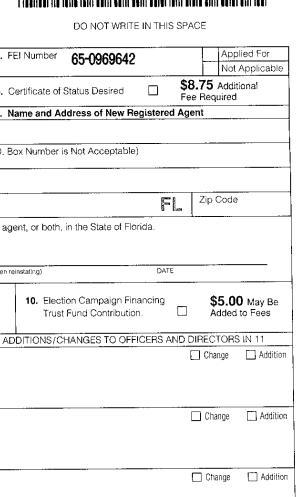
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May 11, 2001 8:00 am Secretary of State

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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 in changed, or on an attachment with an address, with all other like empowered.

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-71P

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITI F

TITL F

NAME

TITLE NAME

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

Change

Addition

Addition

Addition