

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106876

1. Entity Name

DW ACADEMY, INC.

R

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90017 037 ***150.00

Principal Place of Business

723 SOUTHWEST ARUBA BAY DRIVE
ST.LUCIE WEST FL 34986

Mailing Address

723 SOUTHWEST ARUBA BAY DRIVE
ST.LUCIE WEST FL 34986

2. Principal Place of Business

6336 Powerline Rd

3. Mailing Address

6336 Powerline Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale, FL

4. FEI Number

65-0966830

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 33309

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	WHITE, DAN P	
STREET ADDRESS	723 SOUTHWEST ARUBA BAY DRIVE	
CITY-ST-ZIP	ST.LUCIE WEST FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, WILLIAM D.	
STREET ADDRESS	6336 Powerline Rd	
CITY-ST-ZIP	FT. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, DAN P	
STREET ADDRESS	6336 POWERLINE RD	
CITY-ST-ZIP	FT. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, MARIE	
STREET ADDRESS	6336 POWERLINE RD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

PC-Xperts!
Corporation
since 1986

6336 Powerline Road
Fort Lauderdale, Florida 33309-2020
Phn: 954-776-6336 Fax: 954-772-9955
e-mail: pcxperts@compuserve.com
www.pcxmas90.com

ATTACHMENT
Doc # P99000106876
DW 7/25/94
MAS 90
AUTHORIZED RESELLER

It's not just accounting software any more!

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: 2000 Uniform Business Report
Doc. # P99000106876
DW Academy, Inc.

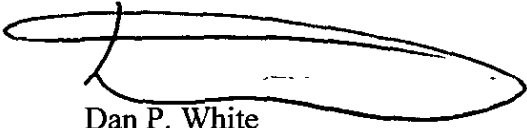
As per my telephone call to your office and instructions from you, I am enclosing my Uniform Business Report (UBR) along with payment of \$150.00 filing fee. I am requesting that the late fee of \$400.00 be waived.

As a new corporation in this state, I was unaware of this filing and although you claim that this is a second notice, somehow, I never received the report until recently.

Also, please note the change in officers and new address for the corporation.

Thank you for your cooperation in this matter.

Yours truly,



Dan P. White
Vice President
DW Academy, Inc.
D/B/A PC-Xperts!