

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

DOCUMENT # **S15552**

1. Entity Name
BW PROPERTIES OF NW FLA., INC.



**FILED
May 05, 2003 8:00 am
Secretary of State**

05-05-2003 91884 048 ***150.00

0055013
AV

Principal Place of Business
C/O BOBBY WARNER
524 E. ZARAGOZA ST.
PENSACOLA FL 32501
US

Mailing Address
C/O BOBBY WARNER
524 E. ZARAGOZA ST.
PENSACOLA FL 32501
US

2. Principal Place of Business

3. Mailing Address
1804 E. LaRue ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pensacola, FL

Zip **32501** Country **USA**

4. FEI Number **59-3044998**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WARNER, BOBBY
524 E. ZARAGOZA ST.
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **WARNER, BOBBY**

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

1804 E. LA RUE ST.

City **PENSACOLA, FL** Zip Code **32501**

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 **Bobby Warner, Bobby Warner, Pres.**

4/29/03

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 **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST**
NAME **WARNER, BOBBY**
STREET ADDRESS **524 E. ZARAGOZA STREET**
CITY-ST-ZIP **PENSACOLA FL**

Delete

TITLE **PST**
NAME **WARNER, BOBBY**
STREET ADDRESS **1804 E. LA RUE ST.**
CITY-ST-ZIP **PENSACOLA, FL 32501**

Change

Addition

TITLE **VD**
NAME **WARNER, BOBBY**
STREET ADDRESS **524 E. ZARAGOZA STREET**
CITY-ST-ZIP **PENSACOLA FL**

Delete

TITLE **VD**
NAME **WARNER, BOBBY**
STREET ADDRESS **1804 E. LA RUE ST**
CITY-ST-ZIP **PENSACOLA, FL 32501**

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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 empowered.

SIGNATURE:

Bobby Warner, Bobby Warner

4/29/03 850-469-9499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)