

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S24170

1. Entity Name

DSW ENTERPRISES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90023 008 ***150.00

Principal Place of Business

6091 SOUTH QUAIL WAY
LITTLETON CO 80127
US

Mailing Address

6091 SOUTH QUAIL WAY
LITTLETON CO 80127-2475
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0244727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBER, DONALD D.
3812 SW 3RD AVE
CAPE CORAL FL 33914

Name **WEBER, D.**

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

10991 NW 30TH PLACE

City **SUNRISE**

FL

Zip Code **33322**

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

D. Weber **D. WEBER, CPTD**

4/15/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPTD** ☐ Delete
NAME **WEBER, DONALD D.**
STREET ADDRESS **6091 S QUAIL WAY**
CITY-ST-ZIP **LITTLETON CO**

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

TITLE **D** ☐ Delete
NAME **WEBER, JOHN D.**
STREET ADDRESS **3812 SW 3RD AVE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS **10991 NW 30TH PLACE**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **VPSD** ☐ Delete
NAME **WEBER, SANDRA J.**
STREET ADDRESS **6091 S QUAIL WAY**
CITY-ST-ZIP **LITTLETON CO**

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

TITLE **D** ☐ Delete
NAME **WEBER, BRADLEY M.**
STREET ADDRESS **2911 18TH ST SE**
CITY-ST-ZIP **PUYALLUP WA**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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:

Donald D. Weber **D. WEBER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000

Date

(303) 972-7335

Daytime Phone #

CR2E034 (9/99)