

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91518 046 \*\*\*150.00

DOCUMENT # S 26969

1. Entity Name

EWR ENTERPRISES, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3331 SW 42 Ave.

Suite, Apt. #, etc.

3. Mailing Address

3539 N Buckhorn Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

Zip  
34990

Country  
USA

City & State

Beverly Hills, FL

Zip  
34465

Country  
USA

4. FEI Number

65-0237517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Lawrence E Crary III

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

555 Colorado Ave

City

Stuart

FL

Zip Code

34994

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSD  
Reisig, Edwina S  
3539 N Buckhorn Dr.  
Beverly Hills, FL 34465

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

(352)

527-0018

Date

Daytime Phone #

CR2E034B (12/02)