

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56268

1. Entity Name
D & W INVESTMENTS OF PENSACOLA, INC.

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90461 009 ***550.00

Principal Place of Business

3291 WILDE LAKE BLVD.
PENSACOLA FL 32526

Mailing Address

3291 WILDE LAKE BLVD.
PENSACOLA FL 32526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3090789

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ELLIOTT, JOE
3291 WILDE LAKE BLVD.
PENSACOLA FL 32526

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 \$150.00
After May 1, 2002 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 PD
NAME DRUCKA, ALBERT
STREET ADDRESS 1000 WEST MORENO STREET
CITY-ST-ZIP PENSACOLA FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME WILLIAMS, HAROLD D
STREET ADDRESS 4218 BURTONWOOD DRIVE
CITY-ST-ZIP PENSACOLA FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME ELLIOTT, JOE
STREET ADDRESS 3291 WILDE LAKE BLVD.
CITY-ST-ZIP PENSACOLA FL 32526

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

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)