

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V12926**

1. Entity Name

D. W. ENTERPRISES OF NAPLES, INC.**FILED****Mar 19, 2001 8:00 am**
Secretary of State

03-19-2001 90026 019 ***150.00

Principal Place of Business

**9030 GULF SHORE DR
NAPLES FL 34108
US**

Mailing Address

**27040 OLD 41 RD
STE. #2
BONITA SPRINGS FL 34135
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1455 Rail Head Blvd**# 25****Naples FL****34110****Collier**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0315700**

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

**MULLARKEY DON
9030 GULF SHORE DR.
NAPLES FL 34108**

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, 2001 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 **VP** ☐ Delete
NAME **MULLARKEY, WILLA**
STREET ADDRESS **9030 GULF SHORE DR**
CITY-ST-ZIP **NAPLES FL 34108**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **MULLARKEY, DON**
STREET ADDRESS **9030 GULF SHORE DR**
CITY-ST-ZIP **NAPLES FL 34108**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ 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)(l), 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: Willa Mullarkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/14/01 941-514-0425
Date Daytime Phone #

CR2E034 (10/00)