


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90181 045 \*\*\*150.00

**DOCUMENT # P00000069619**

1. Entity Name  
**MDWEAR.COM, INC.**



Principal Place of Business  
**56 SPIRES LANE. #14  
SANTA ROSA BEACH FL 32549**

Mailing Address  
**56 SPIRES LANE. #14  
SANTA ROSA BEACH FL 32549**



2. Principal Place of Business  
**2441 W. Hwy 98  
Suite, Apt. #, etc. #102  
City & State Santa Rosa Beach, FL**

3. Mailing Address  
**2441 W. Hwy 98  
Suite, Apt. #, etc. #102  
City & State Santa Rosa Beach, FL**

4. FEI Number **59-3648446** Applied For  Not Applicable

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

Zip **32459** Country **USA** Zip **32459** Country **USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**REID, L. BYRON  
109 HARRISON AVE  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

10. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	WILKERSON, SHERRELL R	
STREET ADDRESS	3713 PRESERVE BAY BLVD.	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	COO	<input type="checkbox"/> Delete
NAME	WILKERSON, JERRAND	
STREET ADDRESS	8665 SVES RD	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	VPOS	<input type="checkbox"/> Delete
NAME	WILKERSON, ROSE	
STREET ADDRESS	3713 PRESERVE BAY BLVD.	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	PR	<input type="checkbox"/> Delete
NAME	GRIMES, SHELIA	
STREET ADDRESS	4153 GATESWALK DRIVE	
CITY-ST-ZIP	VININAS GA 30080	
TITLE	WP	<input type="checkbox"/> Delete
NAME	MCGAUGAN, CHRIS	
STREET ADDRESS	233 EMEALD VISTA WAY	
CITY-ST-ZIP	LAS VEGAS NV 89144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SHERRELL R WILKERSON Date 4/23/03 Daytime Phone # 850-267-4554

CR2E034 (10/02)