

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 496361

1. Entity Name  
C.M.W. INVESTMENTS, INC.

FILED

01 JUL -5 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
505 BEACHLAND BLVD  
SUITE 1-261  
VERO BEACH FL 32963  
US

Mailing Address  
505 BEACHLAND BLVD  
SUITE 1-261  
VERO BEACH FL 32963  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-1650443  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

WELLFORD, JOHN L. JR.  
505 BEACHLAND BLVD  
STE 1-261  
VERO BEACH FL 32963

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]* n/a DATE 07/06/01  
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | PT                            | <input type="checkbox"/> Delete |
| NAME           | WELLFORD, JOHN L. JR.         |                                 |
| STREET ADDRESS | 505 BEACHLAND BLVD STE 1-261  |                                 |
| CITY-ST-ZIP    | VERO BEACH FL                 |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | WELLFORD, JOHN L. JR.         |                                 |
| STREET ADDRESS | 505 BEACHLAND BLVD STE 1-261  |                                 |
| CITY-ST-ZIP    | VERO BEACH FL                 |                                 |
| TITLE          | SD                            | <input type="checkbox"/> Delete |
| NAME           | WELLFORD, MARY A.             |                                 |
| STREET ADDRESS | 505 BEACHLAND BLVD, STE 1-261 |                                 |
| CITY-ST-ZIP    | VERO BEACH FL                 |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |    |   |
|----------------|----|---|
| TITLE          |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LS |   |
| 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    |    |   |

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 an other like empowered.

SIGNATURE: *[Signature]* REQUIRED DATE 07/06/01 DAYTIME PHONE # 561-234-1441

CR2E034 (5/01)