

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90031 022 ***150.00

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DOCUMENT # 496361

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

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
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903529



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1650443**

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT	WELLFORD, JOHN L. JR.	505 BEACHLAND BLVD STE 1-261	VERO BEACH FL				
D	WELLFORD, JOHN L. JR.	505 BEACHLAND BLVD STE 1-261	VERO BEACH FL				
SD	WELLFORD, MARY A.	505 BEACHLAND BLVD, STE 1-261	VERO BEACH FL				

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 I am empowered.

SIGNATURE: *[Signature]* **NOTARIAL SIGNATURE REQUIRED**

01/05/02 561-234-1441
Date Daytime Phone #

CR2E034 (9/01)