

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90042 035 ***150.00

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**

2. Principal Place of Business

3. Mailing Address
PMB #261

Suite, Apt. #, etc.

Suite, Apt. #, etc.
505 BEACHLAND BLVD

City & State

City & State
VERO BEACH FL

Zip

Country

Zip
32963

Country
USA

4. FEI Number

59-1650443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Post Office Box Number is Not Acceptable

505 BEACHLAND BLVD

City **VERO BEACH**

FL

32963

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **PT** ☐ Delete
NAME **WELLFORD, JOHN L. JR.**
STREET ADDRESS **505 BEACHLAND BLVD STE 1-261**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Delete
NAME **WELLFORD, JOHN L. JR.**
STREET ADDRESS **505 BEACHLAND BLVD STE 1-261**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **SD** ☐ Delete
NAME **WELLFORD, MARY A.**
STREET ADDRESS **505 BEACHLAND BLVD, STE 1-261**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **WELLFORD, JOHN L. JR.**
STREET ADDRESS **505 BEACHLAND BLVD, STE 1**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT, SECRETARY** ☒ Change ☐ Addition
NAME **WELLFORD, MARY A.**
STREET ADDRESS **505 BEACHLAND BLVD, STE 1**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/03

Date

772-234-1441

Daytime Phone #

CR2E034 (10/02)