

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90177 014 ***150.00

DOCUMENT # 697299

1. Entity Name
M. W. D., INC.



Principal Place of Business
**1310 ARIOLA DR
PENSACOLA FL 32561
US**

Mailing Address
**1310 ARIOLA DR
PENSACOLA BCH FL 32516
US**



2. Principal Place of Business

3. Mailing Address

18 CALLE HERMOZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PENSACOLA BCH, FLA.

4. FEI Number

59-2121073

Applied For

Not Applicable

Zip

Country

Zip

Country

32561

U.S.

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

**DURNEY, MATTHEW W.
1310 ARIOLA DR.
PENSACOLA, FL
PENSACOLA FL 32561**

Name

Street Address (P.O. Box Number is Not Acceptable)

18 CALLE HERMOZA

City

PENSACOLA BCH

FL

Zip Code

32561

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

1/13/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **DURNEY, MATTHEW W**
STREET ADDRESS **1310 ARIOLA DR**
CITY-ST-ZIP **PENSACOLA BCH, FL 00000**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 850-432-9944

Date

Daytime Phone #

CR2E034 (10/02)