

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18755**

1. Entity Name

MWM LEASING, LIMITED

Principal Place of Business
1049 WILLOW GROVE
ALTAMONTE SPRINGS FL 32701

Mailing Address
1049 WILLOW GROVE
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip

Country

4. FEI Number	Applied For
59-2503748	Not Applicable

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

6. Name and Address of Current Registered Agent

MATHENY, KLAIRE H
1049 WILLOW GROVE
ALTAMONTE SPRINGS FL 32701

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, typed or printed name of registered agent and title if applicable. (NO) Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.	\$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MATHENY, KLAIRE H 1049 WILLOW GROVE ALTAMONTE SPRINGS FL	STREET ADDRESS CITY-ST-ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Klaire H. Matheny*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/28/01

Date

Daytime Phone #