FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91523 044 ***150.00

DOCUMENT # H70357

1. Entity Name

MFW, INC.

643706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
53 S. Pine Ave.	53 S. Pine Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ocala, FL34474	Ocala, FL 34474
City & State	City & State
Ocala, FL 34474	Ocala, FL34474
Zip / Country	Zip / Country
34474 / Marion	34474 / Marion

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2571555 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Zin Keith Smith, Sr.

Street Address (P.O. Box Number is Not Acceptable): 828 SE 14th Ave

City: Ocala FL 34471

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: Zin Keith Smith Sr 4-22-02

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	Smith, Zin Keith Sr.
STREET ADDRESS	828 SE 14 Ave, Ocala, FL
CITY-ST-ZIP	34471
TITLE	VDS
NAME	Melonie C. Smith
STREET ADDRESS	828 SE 14th Ave, Ocala, FL34471
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Zin Keith Smith Sr 4-22-02 352-622 2454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #