

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90058 030 \*\*\*550.00

0140280 AT

**DOCUMENT # M78230**

1. Entity Name  
**MWB, INC.**



Principal Place of Business  
**11597 DOLLAR DRIVE SOUTH  
LAKE SUZY FL 33821  
US**

Mailing Address  
**11597 DALLAS DRIVE SOUTH  
LAKE SUZY FL 33821  
US**



2. Principal Place of Business  
**11597 DALLAS DR. S**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**LAKE SUZY FL**

City & State

4. FEI Number **65-0045615**

Applied For  
Not Applicable

Zip **34269** Country

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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

**BANDLER, MARIAN W  
11597 DALLAS DRIVE SOUTH  
ARCADIA FL 34266**

Name

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

City **LAKE SUZY** **FL** Zip Code **34269**

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 DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 **BANDLER, MARIAN W.**  
STREET ADDRESS **11597 DALLAS DR S**  
CITY-ST-ZIP **ARCADIA FL**

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

TITLE **VP** ☐ Delete  
NAME **BANDLER, STEVEN**  
STREET ADDRESS **5258 BLACKJACK CIRCLE**  
CITY-ST-ZIP **PUNTA GORDA FL**

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

TITLE **TS** ☐ Delete  
NAME **CAIN, BANDLER AMY**  
STREET ADDRESS **3611 WARMSRING WAY**  
CITY-ST-ZIP **VALRICO FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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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: **MARIAN W. BANDLER** 7-21-03 (94) 766-1788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)