

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 8:00 am**
Secretary of State

02-27-2001 90358 023 ***158.75

DOCUMENT # P00000002235

1. Entity Name

MWM INSURANCE AND FINANCIAL SERVICES, INC.

Principal Place of Business

1453 U.S. HWY 27 NORTH
SEBRING FL 33870

Mailing Address

1453 U.S. HWY 27 NORTH
SEBRING FL 33870

2. Principal Place of Business

219 E. Center Ave

Suite, Apt. #, etc.

3. Mailing Address

219 E. Center Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sebring FL

City & State

Sebring FL

4. FEI Number

36-4344824

Applied For

Not Applicable

Zip

33870

Country

USA

Zip

33870

Country

USA

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

MCFARLAND, M. WAYNE
1453 U.S. HWY 27 NORTH
SEBRING FL 33870

Name

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

219 E. Center Ave

City

Sebring

FL

Zip Code

33870

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

M. Wayne McFarland M. Wayne McFarland

2-21-01

Signature, typed 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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFARLAND, M. WAYNE	NAME	
STREET ADDRESS	1453 U.S. HWY 27 NORTH	STREET ADDRESS	219 E. Center Ave
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	Sebring FL 33870
TITLE	STD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFARLAND, KIM M	NAME	
STREET ADDRESS	1453 U.S. HWY 27 NORTH	STREET ADDRESS	219 E. Center Ave
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	Sebring FL 33870
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Wayne McFarland M. Wayne McFarland

2-21-01

863-382-4969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)