

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90283 034 ***150.00

DOCUMENT # P00000069619

1. Entity Name
MDWEAR.COM, INC.

Principal Place of Business Mailing Address
56 SPIRES LANE, #14 56 SPIRES LANE, #14
SANTA ROSA BEACH FL 32549 SANTA ROSA BEACH FL 32549

46668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FC Number 59-3648446		Applied For <input type="checkbox"/> No; <input type="checkbox"/> Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			

REID, L. BYRON
109 HARRISON AVE
PANAMA CITY FL 32401

Name
 Street Address (P.O. Box Numbers Not Acceptable)
 City 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 _____ DATE _____
Signature typed or printed name of registered agent and filer (Applicable) (NOTE: Registered Agent's signature required when transferring)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00
 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	CEO/President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Sherrell R. Wilkerson		NAME		
STREET ADDRESS	3713 Preserve Bay Blvd		STREET ADDRESS		
CITY-STATE-ZIP	Panama City Beach, FL 32408		CITY-STATE-ZIP		
TITLE	COO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Jerrund Wilkerson		NAME		
STREET ADDRESS	8665 Gues Rd		STREET ADDRESS		
CITY-STATE-ZIP	Roswell, GA 30076		CITY-STATE-ZIP		
TITLE	V.P. Operations/Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Rose Wilkerson		NAME		
STREET ADDRESS	3713 Preserve Bay Blvd		STREET ADDRESS		
CITY-STATE-ZIP	Panama City Beach, FL 32408		CITY-STATE-ZIP		
TITLE	Public Relations	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Shelia Grimes		NAME		
STREET ADDRESS	4153 Gateswalk Dr		STREET ADDRESS		
CITY-STATE-ZIP	Vinings, GA 30080		CITY-STATE-ZIP		
TITLE	Web Architect	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Chris McGowan		NAME		
STREET ADDRESS	233 Emerald Vista Way		STREET ADDRESS		
CITY-STATE-ZIP	Las Vegas, NV 89144		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 a filer's name.

SIGNATURE: *Sherrell R. Wilkerson* DATE: *Apr. 11, 2001*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)