

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000048659

1. Entity Name

MGW, INC.



**FILED
May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90409 009 ***150.00

70052942

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 3639 Crazy Horse Trail Suite, Apt. #, etc. | 3. Mailing Address 3639 Crazy Horse Trail Suite, Apt. #, etc. |
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|--|--|
| City & State St. Augustine, FL | City & State St. Augustine, FL |
| Zip 32086 | Country USA |
| Zip 32086 | Country USA |

**DO NOT WRITE
IN THIS SPACE**

| | |
|------------------------------------|---|
| 4. FEI Number 59-3724248 | Applied For <input type="checkbox"/> |
| | Not Applicable |

| | |
|--|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|-----------------------------------|

| | | |
|--|--|--|
| 7. Name and Address of Current Registered Agent | | |
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | |
|--|--|
| January 1-May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | |
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|---|--------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--------------------------------|

| | |
|--|--|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Schulman, Sharon L. 3639 Crazy Horse Trail St. Augustine, FL 32086 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| DO NOT WRITE IN THIS SPACE | |

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

SIGNATURE:

Sharon Schulman 4-27-03 (386)517-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)