

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90496 025 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         |                                                                                                                                         |                             |
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| <b>DOCUMENT #</b> P94000072721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |                                                                                                                                         |                             |
| <b>1. Entity Name</b><br>MWM SALES AND SERVICE, INC.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                                                                                                                         |                             |
| <b>Principal Place of Business</b><br>MWM SALES AND SERVICE, INC.<br>2295 Shreve ST.<br>Punta Gorda, Fl. 33950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         | <b>Mailing Address</b><br>MWM SALES AND SERVICE INC.<br>2295 Shreve St.<br>Punta Gorda, Fl. 33950                                       |                             |
| <b>2. Principal Place of Business</b><br>2295 Shreve ST.<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | <b>3. Mailing Address</b><br>2295 Shreve St.<br>Suite, Apt. #, etc.                                                                     |                             |
| <b>City &amp; State</b><br>Punta Gorda, Fl. 33950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         | <b>City &amp; State</b><br>Punta Gorda, Fl. 33950                                                                                       |                             |
| <b>Zip</b><br>33950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Country</b><br>Charlotte                                                                                                             | <b>Zip</b><br>33950                                                                                                                     | <b>Country</b><br>Charlotte |
| <b>4. FEI Number</b><br>65-0523169                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                         | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                                                                           |                             |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                                                                                   |                             |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         | <b>7. Name and Address of New Registered Agent</b>                                                                                      |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | <b>Name</b><br>Geri L. Waksler, Moore and Waksler, P.L.                                                                                 |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>1625 W. Marion Av, Ste 2                                                   |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | <b>City</b><br>Punta Gorda                                                                                                              |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | <b>FL</b> <b>Zip Code</b><br>33950                                                                                                      |                             |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         |                                                                                                                                         |                             |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         | <b>Gerri L. Waksler</b> <b>March 27, 2001</b>                                                                                           |                             |
| Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                         | (NOTE: Registered Agent signature required when reinstating) DATE                                                                       |                             |
| <b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/><br>(See criteria on back)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                         | <b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                      |                             |
| <b>11. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                                                                                         |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>President, Director</b><br>Mr. Mickey G. Melton<br>515 Via Tripoli, Unit B<br>Punta Gorda, Fl. 33950 <input type="checkbox"/> Delete |                                                                                                                                         |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Vice-President,</b><br>Loretta J. Melton<br>515 Via Tripoli, Unit B.<br>Punta Gorda, Florida 33950 <input type="checkbox"/> Delete   |                                                                                                                                         |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Secretary,</b><br>Loretta J. Melton<br>515 Via Tripoli, Unit B.<br>Punta Gorda, Florida 33950 <input type="checkbox"/> Delete        |                                                                                                                                         |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Treasurer</b><br>Lisa M. McLaren<br>515 Via Tripoli, Unit A<br>Punta Gorda, Florida 33950 <input type="checkbox"/> Delete            |                                                                                                                                         |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                                                                                                                         |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                                                                                                                                         |                             |
| <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                         |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                             |
| <b>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.</b> |                                                                                                                                         |                                                                                                                                         |                             |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         | <b>Director</b> <b>(941) 575-9390</b>                                                                                                   |                             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                         | Date <b>3-27-01</b> Daytime Phone #                                                                                                     |                             |

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DO NOT WRITE IN THIS SPACE

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