

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057980

1. Entity Name

MWM SOUTH, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90107 027 \*\*\*150.00

Principal Place of Business

Mailing Address

30940 SUN EAGLE DRIVE  
SUITE 1  
MOUNT DORA FL 32757

30940 SUN EAGLE DRIVE  
SUITE 1  
MOUNT DORA FL 32757-9784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3330793

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERGHOLTZ, RICHARD S ESQ.  
390 N. ORANGE AVE.  
SUITE 2180  
ORLANDO FL 32801

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.

SIGNATURE

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, 2000 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 11

TITLE PD  
NAME WILD, RAY E  
STREET ADDRESS 30940 SUN EAGLE DRIVE, SUITE 1  
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

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

TITLE VSTD  
NAME MICKUS, JOHN A  
STREET ADDRESS 30940 SUN EAGLE DRIVE, SUITE 1  
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE V/D/C/F/O  
NAME MICKUS, JOHN A.  
STREET ADDRESS 30940 SUN EAGLE DR SUITE 1  
CITY-ST-ZIP MOUNT DORA FL 32757 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V/S/T.  
NAME MICKUS JOHN, G.  
STREET ADDRESS 30940-SUNEAGLE DR. SUITE 1  
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE V  
NAME WILD, JEFFERY H.  
STREET ADDRESS 30940. SUNEAGLE DR SUITE 1  
CITY-ST-ZIP MOUNT DORA, FL 32757 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*John A. Mickus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000

Date

Daytime Phone #

(352) 383-7148

CR2E034 (9/99)