FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2002 8:00 am DOCUMENT # P95000057980 **Secretary of State** 1. Entity Name MWM SOUTH, INC. 02-13-2002 90004 033 \*\*\*150.00 Principal Place of Business Mailing Address 30940 SUN EAGLE DRIVE 30940 SUN EAGLE DRIVE 80022418 SUITE 1 SHITE 1 MOUNT DORA FL 32757 MOUNT DORA FL 32757 2. Principal Place of Business 3. Mailing Address 30946 DR SUNFACLE 30940 SUNEAGLE DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE IOD STE. 100 City & State City & State 4. FEI Number Applied For 59-3330793 MOUNT DORA MOUNT DORA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32757 USA 32757 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGHOLTZ, RICHARD S ESQ. Street Address (P.O. Box Number is Not Acceptable) 411 N DONNELLY ST SUITE 207 **MOUNT DORA FL 32757** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME WILD, RAY E NAME CR2E034 30940 SUN EAGLE DRIVE, SUITE 1 30940 SUNEAGE DR., STE. 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MOUNT DORA FL 32757** CITY-ST-ZIP Delete TITLE **VDC** TITLE ☐ Change Addition NAME NAME MICKUS, JOHN A 30940 SUNEAGLE DR SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MOUNT DORA FL 32757** CITY-ST-ZIP ☐ Delete TITLE SIT Change Addition NAME MICKUS, JOHN G SUNFAGLE DR., STE. 100 30940 STREET ADDRESS 30940 SUNEAGLE DR SUITE 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MOUNT DORA FL 32757** Change ☐ Addition ☐ Delete TITLE TITLE NAME WILD, JEFFERY H NAME SUNFACLE DR., STE. 100 30940 STREET ADDRESS 30940 SUNEAGLE DR SUITE 1 STREET ADDRESS CITY-ST-ZIE **MOUNT DORA FL 32757** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change 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 of 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 attac

SIGNATURE:

(352)389-7148