

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
 03-07-2002 90063 033 ***150.00

MAF0007 AV

DOCUMENT # P96000021086

1. Entity Name
M.W.B. OF CLEARWATER INC.

Principal Place of Business

**1991 LEVINE LANE
 CLEARWATER FL 34620**

Mailing Address

**1991 LEVINE LANE
 CLEARWATER FL 34620**

2. Principal Place of Business

7022 South Wind Dr

3. Mailing Address

7022 Southwind Dr

Suite, Apt. #, etc.

Hudson FL

Suite, Apt. #, etc.

Hudson, FL

City & State

City & State

4. FEI Number

59-3364696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WHITEHURST, BARRY D
 1991 LEVINE LANE
 CLEARWATER FL 34620**

7. Name and Address of New 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.

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, 2002 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

D ☐ Delete
WHITEHURST, BARRY D
1991 LEVINE LANE
CLEARWATER FL 34620

D ☒ Delete
WHITEHURST, MARY ANN
1991 LEVINE LANE
CLEARWATER FL 34620

☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D ☒ Change ☐ Addition
Whitehurst Barry D.
7022 South Wind Dr
Hudson FL 34667

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

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

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

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

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 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 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:

Barry D. Whitehurst
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/02

Daytime Phone #

727-410-8839

CR2E034 (9/01)