

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060862

1. Entity Name
MWC, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90053 024 ***150.00

Principal Place of Business

Mailing Address

5621-96 AVE NO
PINELLAS PARK FL 33781
US

5621-96 AVE NO
PINELLAS PARK FL 33781
US

345704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-4140706

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

~~ZEOLI, SAM J
8413 JACARANDA AVE.
SEMINOLE FL 33777~~

Name MICHAEL D. PASEK

Street Address (P.O. Box Number is Not Acceptable)

4851 85TH AVE.

City PINELLAS PARK FL Zip Code 33781

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

Michael Pasek

REG. AGENT.

2/29/00

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 PT
NAME WENZLAFF, GLEN
STREET ADDRESS 8090-65 STREET N.
CITY-ST-ZIP PINELLAS PARK FL ☒ Delete

TITLE P
NAME ERIBERTO CRESPO ☐ Change ☒ Addition
STREET ADDRESS 7268 62ND AVE. N.
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE S
NAME WENZLAFF, GLEN
STREET ADDRESS 5621-96 AVE NO
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Delete

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

TITLE T
NAME MERRILL, WILLIAM
STREET ADDRESS 1836 S. 19 AVE.
CITY-ST-ZIP MAYWOOD IL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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:

ERIBERTO CRESPO, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-692-4731