

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90064 003 \*\*\*150.00

**DOCUMENT # P96000101820**

1. Entity Name  
**MMWD, INC.**



Principal Place of Business  
**332 2ND ST  
OAKLAND CA 94607  
US**

Mailing Address  
**332 2ND ST  
OAKLAND CA 94607  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3260154**

Applied For  
Not Applicable

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

**SIFRIT, ROBERT C  
2315 AARON STREET  
PORT CHARLOTTE FL 33952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARKO, FRITZ</b>	
STREET ADDRESS	<b>33 ESCALON DRIVE</b>	
CITY-ST-ZIP	<b>MILL VALLEY CA 94941</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MAJUA, MARGARET</b>	
STREET ADDRESS	<b>1150 ESTATES DRIVE</b>	
CITY-ST-ZIP	<b>LAFAYETTE CA 94549</b>	
TITLE	<b>VCFO</b>	<input type="checkbox"/> Delete
NAME	<b>KADIE, ROBERT A</b>	
STREET ADDRESS	<b>332 2ND ST</b>	
CITY-ST-ZIP	<b>OAKLAND CA 94607</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>HAGERMAN, DAVID</b>	
STREET ADDRESS	<b>740 CASTRO STREET</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94114</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MACINTOSH, ROBERT S</b>	
STREET ADDRESS	<b>225 CONIFER TERRACE</b>	
CITY-ST-ZIP	<b>DANVILLE CA 94506</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COURTNEY, RONALD</b>	
STREET ADDRESS	<b>2141 DOVER COURT</b>	
CITY-ST-ZIP	<b>WALNUT CREEK CA 94595</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)