

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90021 038 ***150.00

DOCUMENT # P97000019137

1. Entity Name

MCW INVESTMENTS, INC.

Principal Place of Business

Mailing Address

29347 PRINCEVILLE DRIVE
 SAN ANTONIO FL 33576

29347 PRINCEVILLE DRIVE
 SAN ANTONIO FL 33576-7922

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 **67-0733013**

Applied For
 Not Applied

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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
 Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | WALKIEWICZ, MARYANN | |
| STREET ADDRESS | 29347 PRINCEVILLE DRIVE | |
| CITY-ST-ZIP | SAN ANTONIO FL 33576 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | WALKIEWICZ, CHARLES | |
| STREET ADDRESS | 29347 PRINCEVILLE DRIVE | |
| CITY-ST-ZIP | SAN ANTONIO FL 33576 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> |
| 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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

352-588-2

Daytime Phone #