

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90295 042 ***150.00

DOCUMENT # P97000032547

1. Entity Name

MAYFAIR WET WILLIES, INC.

Principal Place of Business

**760 OCEAN DR.
 MIAMI BEACH FL 33139**

Mailing Address

**P.O. BOX 60127
 SAVANNAH GA 31420**

2. Principal Place of Business

3390 Mary St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

City & State

Zip

33133

Country

USA

Country

4. FEI Number

65-0759306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HOCK, RONALD G
 200 E. ROBINSON ST., STE. 1150
 ORLANDO FL 32801-1962**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STERN, ROBERT N	
STREET ADDRESS	1800 KALURNA CT.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKINSON, FRED I	
STREET ADDRESS	60 HARVEY AVE.	
CITY-ST-ZIP	PARAMUS NJ 07652	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKINSON, WILLIAM A	
STREET ADDRESS	106 DUTCH ISLAND DR.	
CITY-ST-ZIP	SAVANNAH GA 31406	
TITLE	D	<input type="checkbox"/> Delete
NAME	STACHEL, ERIC S	
STREET ADDRESS	2845 LOOKOUT PL.	
CITY-ST-ZIP	SAVANNAH GA 30305	
TITLE	D	<input type="checkbox"/> Delete
NAME	STACHEL, DAVID A	
STREET ADDRESS	11 ISLAND AVE., #P.H. 2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02 9122325650

CR2E034 (9/01)