

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073299

1. Entity Name

MILDEW MEDICS INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90036 040 \*\*\*158.75

Principal Place of Business

13740 YARMOUTH DR. UNIT A  
WELLINGTON FL 33414

Mailing Address

13740 YARMOUTH DR. UNIT A  
WELLINGTON FL 33414-2721

address change

2. Principal Place of Business

116 Toledo Street  
Suite, Apt. #, etc.

3. Mailing Address

116 Toledo Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

4. FEI Number

59-3458816

Applied For

Not Applicable

Zip

33411

Country

USA

Zip

33411

Country

USA

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

HIGGINS, TOM

~~13740 YARMOUTH DR. UNIT A~~  
~~WELLINGTON FL 33414~~

116 Toledo Street  
Royal Palm Beach, FL  
33411

Name

Tom

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 Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, TOM	
STREET ADDRESS	<del>13740 YARMOUTH DR. A</del>	
CITY-ST-ZIP	<del>WELLINGTON FL 33414</del>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, DENIS	
STREET ADDRESS	<del>13740 YARMOUTH DR.</del>	
CITY-ST-ZIP	<del>WELLINGTON FL 33414</del>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higgins, Tom	
STREET ADDRESS	116 Toledo Street	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higgins, Denise	
STREET ADDRESS	116 Toledo Street	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
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
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:

Tom Higgins

Tom Higgins

4/20/00

Date

501/795-9600

Daytime Phone #