

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90308 011 ***158.75

DOCUMENT # P98000073299

1. Entity Name

MILDEW MEDICS INC.

Principal Place of Business

Mailing Address

~~116 TOLEDO ST~~
~~ROYAL PALM BEACH FL 33411~~

~~116 TOLEDO ST~~
~~ROYAL PALM BEACH FL 33411~~

334 Las Palmas St.
Royal Palm Bch, FL 33411 ← **same**

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

59-3458816

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

HIGGINS, TOM
~~116 TOLEDO ST~~
~~WEST PALM BEACH FL 33411~~
334 Las Palmas Street
Royal Palm Bch, FL
33411

Name

mlg

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ~~Secretary/Treasurer~~ ☐ Delete
 NAME **HIGGINS, TOM**
 STREET ADDRESS **116 TOLEDO ST**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **President/Secretary/Treasurer** ☒ Change ☐ Addition
 NAME **Tom Higgins**
 STREET ADDRESS **334 Las Palmas St.**
 CITY-ST-ZIP **Royal Palm Bch, FL 33411**

TITLE **DV** ☐ Delete
 NAME **HIGGINS, DENISE**
 STREET ADDRESS **116 TOLEDO ST**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **D Vice President** ☒ Change ☐ Addition
 NAME **Denise Higgins**
 STREET ADDRESS **334 Las Palmas St.**
 CITY-ST-ZIP **Royal Palm Bch, FL 33411**

TITLE **DST** ☒ Delete
 NAME **ZOROYA, DAVID**
 STREET ADDRESS **1314 PERIWINKLE PLACE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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
President

Date

Daytime Phone #

4/1/02 561 785-1696

CR2E034 (9/01)