

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90089 021 ***158.75

DOCUMENT # P98000073299

1. Entity Name
MILDEW MEDICS INC.



Principal Place of Business
334 LAS PALMAS STREET
ROYAL PALM BEACH FL 33411
US

Mailing Address
334 LAS PALMAS STREET
ROYAL PALM BEACH FL 33411
US



2. Principal Place of Business

350 Business Park Way
Suite, Apt. #, etc.
103

City & State
Royal Palm Bch, FL
Zip
33411
Country
USA

3. Mailing Address

same
Suite, Apt. #, etc.
same

City & State
1
Zip
Country

☐ CHECK HERE IF MAKING CHANGES

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

HIGGINS, TOM
334 LAS PALMAS STREET
ROYAL PALM BEACH FL 33411

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

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/17/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	HIGGINS, TOM	
STREET ADDRESS	334 LAS PALMAS STREET	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HIGGINS, DENISE	
STREET ADDRESS	334 LAS PALMAS STREET	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Barnholdt	
STREET ADDRESS	275 Sanatoga Blvd East	
CITY-ST-ZIP	Royal Palm Bch FL 33411	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Higgins	
STREET ADDRESS	334 Las Palmas Street	
CITY-ST-ZIP	Royal Palm Bch, FL 33411	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Higgins	
STREET ADDRESS	334 Las Palmas Street	
CITY-ST-ZIP	Royal Palm Bch, 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		

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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise V Higgins 11/17/03

Date

541-795-9696

Daytime Phone #

CR2E034 (10/02)