

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000077159

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: MOW ENTERPRISES, INC.

## Current Principal Place of Business:

670 N COURTENAY PKWY  
STE J  
MERRITT ISLAND, FL 32953

## Current Mailing Address:

PO BOX 541589  
MERRITT ISLAND, FL 329541589

## New Principal Place of Business:

670 N COURTENAY PKWY  
SUITE J  
MERRITT ISLAND, FL 32953

## New Mailing Address:

PO BOX 541666  
MERRITT ISLAND, FL 32954

FEI Number: 59-3535850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCPHILAMY, JOHN J  
1430 S. BELFORD COURT  
MERRITT ISLAND, FL 32952

## Name and Address of New Registered Agent:

VARGAS, DON  
420 DEB LANE  
MERRITT ISLAND, FL 32952

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: DON VARGAS

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCPHILAMY, JOHN J  
Address: 1430 S. BELFORD COURT  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: O'STEEN, CHRISTOPHER B  
Address: 1160 NEWFOUND HARBOR DR.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: VARGAS, DON  
Address: 420 DEB LANE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Change (X) Addition  
Name: VARGAS, DEBBIE  
Address: 420 DEB LANE  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON VARGAS

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date