

FILED  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90870 001 \*\*\*300.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000083901

1. Entity Name  
**MWM VANTAGE CORPORATION**



Principal Place of Business  
3813-7 N MONROE ST  
# 3  
TALLAHASSEE, FL 32303

Mailing Address  
3813-7 N MONROE ST  
# 3  
TALLAHASSEE, FL 32303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

59-3601159

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TER LOON, JOHN G.  
3813-7 N MONROE ST  
# 4  
TALLAHASSEE, FL 32303

Name **JOHN G. TER LOON**

Street Address (P.O. Box Number is Not Acceptable)

**SPELLING CORRECTION ONLY**

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

*John G. Ter Louw*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4/30/2003

DATE

FILE NOW!!! FEE IS \$160.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME TER LOON, JOHN G  
STREET ADDRESS 3813-7 N MONROE ST # 4  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☒ Change ☐ Addition  
NAME **JOHN G. TER LOON**  
STREET ADDRESS  
CITY-ST-ZIP **SPELLING CORRECTION ONLY**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*John G. Ter Louw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2003  
Date

(850) 383-1225  
Daytime Phone #

CR2E034 (10/02)