

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094256

1. Entity Name

MWBS, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90079 049 ***150.00

Principal Place of Business

Mailing Address

4694 DUNCAN RD
PUNTA GORDA FL 33982

4694 DUNCAN RD
PUNTA GORDA FL 33982

00017004

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

65-0958746

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

~~WOTIZKY, HAL F~~
~~229 TAYLOR ST~~
~~PUNTA GORDA FL 33950~~

Name *John Charles Heekin*

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

21202 C2 Olean Blvd

City *Port Charlotte*

FL

Zip Code

33952

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

John Charles Heekin Attorney at Law

2/6/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS7
WILHITE, MICHAEL L
5992 SABLEWOOD DR
PUNTA GORDA FL 33982

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~DST~~
~~SULLIVAN, BRIAN M~~
~~22428 DELHI AVE~~
~~PT CHARLOTTE FL 33952~~

☒ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael L. Wilhite President *2/6/01* *941 637 0045*

CR2E034 (10/00)

000387