

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90286 015 ***150.00

DOCUMENT # P99000108572
 1. Entity Name
MTW Corporation of Naples

Principal Place of Business Mailing Address
2200 Corporation Blvd
NAPLES FL 34109

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 65-0045512 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

552936

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Mike Matson
2200 Corporation Blvd.
NAPLES FL 34109

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.

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, 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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 P Mike Matson ☐ Delete
2200 Corporation Blvd
NAPLES FL 34109
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
ST TRAVIS Wilson ☐ Delete
2200 Corporation Blvd
NAPLES FL 34109
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
V Wayne Teague ☐ Delete
2200 Corporation Blvd
NAPLES FL 34109

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: Michael J. Matson 4/27/01 941-598-3322
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)