

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90703 001 ***245.00

0014824

DOCUMENT # 739292

1. Entity Name

SPRINGWOOD ESTATES, INC.

Principal Place of Business

**951 EYSTER BLVD
 ROCKLEDGE FL 32955**

Mailing Address

**1694 CEDAR ST
 ROCKLEDGE FL 32955
 US**

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 **59-2193020**

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

**DRESSLER, JAMES R.
 110 DIXIE LANE
 COCOA BEACH FL 32931**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **SHINN, GREGG**
 STREET ADDRESS **1934 S. FISKE BLVD**
 CITY-ST-ZIP **ROCKLEDGE FL**

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

TITLE ☐ Delete
 NAME **SWIFT, BARRY**
 STREET ADDRESS **201 BARTON BLVD**
 CITY-ST-ZIP **ROCKLEDGE FL**

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

TITLE ☐ Delete
 NAME **RYAN, GERARD**
 STREET ADDRESS **1670 S FISKE BLVD**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE ☐ Delete
 NAME **DROPESKI, CYNDI**
 STREET ADDRESS **680 W EAUGALLIE BLVD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE ☐ Delete
 NAME **SCHWEINSBERG, JOHN R. JR.**
 STREET ADDRESS **850 BELHURST LN**
 CITY-ST-ZIP **ROCKLEDGE FL**

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

TITLE ☐ Delete
 NAME **NUTTING, CHUCK**
 STREET ADDRESS **719 E. HIBISCUS BLVD**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ 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 partnership or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in Block 11 with an address with all other like empowered.

Chairman of Board

321-636-4450

SIGNATURE:

SIGNATURE REQUIRED

President/CEO

4/3/02

Date

321-690-3464

Daytime Phone #

CR2E037 (9/01)