

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90235 036 ***150.00

DOCUMENT # J67891

1. Entity Name
FOUR SEASONS S. W. INC

Principal Place of Business

% BARBARA J. HOFFMANN
2108 S. W. 5TH AVE.
CAPE CORAL FL 33991

Mailing Address

% BARBARA J. HOFFMANN
2108 S. W. 5TH AVE.
CAPE CORAL FL 33991



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2805849**

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

HOFFMANN, BARBARA J.
2108 S. W. 5TH AVE.
CAPE CORAL FL

Name

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

City

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	HOFFMANN, DAVID C.	2108 S. W. 5TH AVE.	CAPE CORAL FL				
STD	HOFFMANN, BARBARA J.	2108 S. W. 5TH AVE.	CAPE CORAL FL				
VD	WASHINGTON, DANIEL J.	2710 SW 39TH TERR.	CAPE CORAL FL				
D	WASHINGTON, JOY L.	2710 SW 39TH TERR.	CAPE CORAL FL				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 info empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Barbara J. Hoffmann BARBARA J. HOFFMANN Date: 4/19/2001 941-574-7460
 Daytime Phone #

CR2E034 (10/00)