

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

PENDING
03-24-2003 90186 020 ****61.25
FILED L97027

03 APR -7 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97027

1. Entity Name
SUNWEST HOMES, INC.



Principal Place of Business
1236 POCANTICO LN
NAPLES, FL 34110 US

Mailing Address
PO BOX 110175
NAPLES, FL 34108 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

65-0221194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYNE, JOHN W.
1236 POCANTICO LN
NAPLES, FL 34110

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, JOHN W. 1236 POCANTICO LN NAPLES, FL 34110	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEINHOLZ, ARTHUR 1404 GORMICAN LN NAPLES, FL 34110	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAME	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SAME	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NICHOLS, MICHAEL L. 5790 12TH AVE NW NAPLES, FL 34119	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 W. Payne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. PAYNE
PRESIDENT

3-19-03

239-566-8158

Date

Daytime Phone #

CR2E034 (10/02)

21 4/8