

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0094890 AV

DOCUMENT # P93000044363

1. Entity Name
S & W DEVELOPMENT, INC.



FILED

03 MAY 14 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2211 AZALEA PL.
WINTER PARK FL 32789

Mailing Address
2211 AZALEA PL.
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3192367

Applied For
Not Applicable

Zip Country

Zip Country

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

SCHMIDT, RALPH M
2211 AZALEA PL.
WINTER PARK FL 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 Delete
NAME WILLNER, STUART N
STREET ADDRESS 1117 RUSSELL DR.
CITY-ST-ZIP HIGHLAND BEACH FL 33487

Change Addition
000018945670
05/14/03--01044--004 **876.25

TITLE Delete
NAME SCHMIDT, RALPH M
STREET ADDRESS 2211 AZALEA PL.
CITY-ST-ZIP WINTER PARK FL 32789

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph M. Schmidt RALPH M. SCHMIDT 4/8/03 407-644-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)