

2001 UNIFORM BUSINESS REPORT (UBR)

02-11-2002 90085 050 ***900.00
P98000052414

02/23/01 AV

DOCUMENT # P98000052414

1. Entity Name
SOUTHWEST FLORIDA EXECUTIVE SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 18 AM 10:11

Principal Place of Business 1342 COLONIAL BLVD. SUITE E-34 #G501 FT MYERS FL 33907	Mailing Address 1342 COLONIAL BLVD. SUITE E-34 #G501 FT MYERS FL 33907
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REINSTATEMENT
DO NOT WRITE IN THIS SPACE 01-02

2. Principal Place of Business 1342 Colonial Blvd Suite, Apt. #, etc. K-101	3. Mailing Address 1342 Colonial Blvd Suite, Apt. #, etc. K-101
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City & State Ft. Myers, FL	City & State Ft. Myers, FL	4. FEI Number 65-0742437	Applied For <input type="checkbox"/> Not Applicable
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Zip 33907	Country U.S.A.	Zip 33907	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZEHNER, CLAYTON R 1342 COLONIAL BLVD. STE G501 FT MYERS FL 33907	7. Name and Address of New Registered Agent Name Zehner, Dolores Street Address (P.O. Box Number is Not Acceptable) 1342 Colonial Blvd. Ste K-101 City Fort Myers, FL Zip Code 33907
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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 Zehner Dolores [Signature] 12-26-01
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. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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	D ZEHNER, CLAYTON R 1342 COLONIAL BLVD., STE G501 FT MYERS FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEHNER, DOLORES 1342 COLONIAL BLVD., STE G501 FT MYERS FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zehner, Dolores 1342 Colonial Blvd. Ste K-101 Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] 12-26-01 941-278-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)