

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100314

1. Entity Name

S & W PROPERTY HOLDING COMPANY, INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90026 036 ***150.00

Principal Place of Business

8844 NORTH FLORIDA AVENUE
TAMPA FL 33604

Mailing Address

8844 NORTH FLORIDA AVENUE
TAMPA FL 33604

2. Principal Place of Business

104 E. Fowler Ave

Suite, Apt. #, etc.
Suite 201

City & State
Tampa, Fl

Zip
33612

Country

3. Mailing Address

104 E. Fowler Ave

Suite, Apt. #, etc.
Suite 201

City & State
Tampa, Fl

Zip
33612

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3545027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDERAZZO, WILLIAM
8844 NORTH FLORIDA AVENUE
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

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

104 E. Fowler Ave

Suite 201

City

Tampa,

FL

Zip Code

33612

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CALDERAZZO, WILLIAM
POST OFFICE BOX 272880
TAMPA FL 33688 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
CALDERAZZO, SCOTT W
POST OFFICE BOX 272880
TAMPA FL 33688 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
104 E. Fowler Ave. Suite 201
Tampa, Fl 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
104 E. Fowler Ave. Suite 201
Tampa, Fl 33612

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM CALDERAZZO

Date

1/28/01

Daytime Phone #

813 933 2439

CR2E034 (10/00)