## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

1. Entity Name

510721



FILED

TITLE NAME NAME NAME NAME NAME NAME NAME NAM	SOUTHWEST UTILITY SYSTEMS, INC				03 MAY 13 PM 3:40		
Suite, Apt. #, stat.    City & State		OO NOT WRITE	IN THIS SE	PACE	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Suite, Apt. #, stat.    City & State	2. Principal Place of Business 16341 Old US 41 South 3. Mailing Address Same			<u> Paragonal II. Con di </u>			
Ft Myers, FL 33912  Zo Country Zo Country 5. Contricate 59-1684363					DO NOT WRITE IN THIS SPACE		
Second   S			City & State			ED 4604363	
DO NOT WRITE IN THIS SPACE  The above named early submits the statement for the purpose of changing its registered agent, or down in the State of Florida. I am familiar West, and accept the obligations of registered agent.  Signature, local or religitation of general agent will like a subtempose agent will like a substance of changing its registered agent, or down in the State of Florida. I am familiar West, and accept the obligations of registered agent.  Signature, local or religitation of general agent will like a subtempose of changing its registered office or registered agent, or down in the State of Florida. I am familiar West, and accept the obligations of registered agent.  Signature, local or religitation of general agent will like a subtempose of changing its registered agent, or down in the State of Florida. I am familiar West, and accept the obligations of registered agent.  Signature, local or religitation of general agent will like a subtempose of changing its registered agent. Or down in the State of Florida. I am familiar West, and accept the obligations of registered agent.  Signature local or religitation of general agent will like a subtempose of changing its registered agent. Or down in the State of Florida. I am familiar West, and accept the obligation of registered agent.  Signature local or registered agent.  Signatur		<del></del>	Zip	Country	5 Certificate of Status Desired \$8.7	5 Additional	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the state of Florida. In		CONTRACT OF THE LAND STATE OF THE STATE OF T	CONTROL CONTROL FOR FOR THE WARRANT CONTROL CO	5-10 BIC	(P.O. Poveklumbor is Not Assestable)	ith	
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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	,,	rtify that the information aunolised with	this filling does not qualify for	(Sept Alburg appropriate for the control of	ection 119.07(3Vi) Florida Statutes   further continues	at 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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: &

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date

CR2E034B (12/02)