

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90127 003 ***150.00

DOCUMENT # 573857

1. Entity Name
S.W. COWBOY, INC.



Principal Place of Business
**299 DONDANVILLE RD.
ST AUGUSTINE FL 32080**

Mailing Address
**299 DONDANVILLE RD.
ST AUGUSTINE FL 32080**



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
59-1827386

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWLOR, PETER
11 OAK AVE V.B.
ST. AUGUSTINE FL 32084**

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 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 NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, WILLIAM 11 OAK AVE. V.B. ST. AUGUSTINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, TERRY 11 OAK AVE. V.B. ST. AUGUSTINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEGNER, JUDITH 11 A OAK AVE V.B. ST. AUGUSTINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIERDA, JOHN (ASST) 13A OAK AVE. V.B. ST. AUGUSTINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGLETON, SCOTT 11 A OAK AVE V.B. ST. AUGUSTINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DROUILLARD, SHELLY 11A OAK AVE. V.B. ST. AUGUSTINE FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PETER LAWLOR 11 OAK AVE V.B ST AUGUSTINE FL 32084	☐ 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
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)(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: **SIGNATURE REQUIRED President**

Date **3/19/03** Daytime Phone # **904 824 8897**

CR2E034 (10/02)