

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 659926

1. Entity Name

SOUTHWEST IMPORTS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90088 025 \*\*\*158.75

Principal Place of Business

3520 24TH AVE NE  
 NAPLES FL 34120  
 US

Mailing Address

PO BOX 2234  
 NAPLES FL 34106-2234  
 US

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 **59-1982533**

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

BRUGMAN, BEN  
 3520 24TH AVE NE  
 PO BOX 2234  
 NAPLES FL 34120

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRUGMAN, BEN	
STREET ADDRESS	2372 52ND TERRACE S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRUGMAN, KATHLEEN	
STREET ADDRESS	2372 52ND TERRACE S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRUGMAN, BEN	
STREET ADDRESS	2372 52ND TERR SW	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NEW ADDRESS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUGMAN, BEN	
STREET ADDRESS	3520 24TH AV. NE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	NEW ADDRESS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUGMAN, KATHLEEN	
STREET ADDRESS	3520 24TH AV. NE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	NEW ADDRESS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUGMAN, BEN	
STREET ADDRESS	3520 24TH AV. NE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-2000 941-455-7517

CR2E034 (9/99)