

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90049 004 ****70.00

DOCUMENT # 759675

1. Entity Name
ADVERTISING FEDERATION OF SOUTHWEST FLORIDA, INC



Principal Place of Business Mailing Address

P O BOX 38 P O BOX 38
FT MYERS FL 33902 FT MYERS FL 33902

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

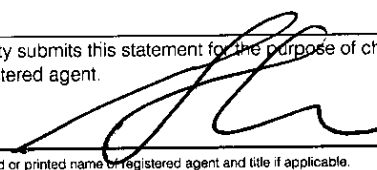
6. Name and Address of Current Registered Agent

WEICHERT, GREGORY L
6296 CORPORATE COURT, SW
SUITE B101
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name **WEICHERT, GREGORY L.**
Street Address (P.O. Box Number is Not Acceptable)
614 NW 11TH TERRACE
City **CAPE LONAR** FL Zip Code **33993**

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  DATE **1/31/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | T <input type="checkbox"/> Delete |
| NAME | WEICHERT, GREGORY |
| STREET ADDRESS | 6296 CORPORATE CT., SW, STE B101 |
| CITY-ST-ZIP | FORT MYERS FL 33919 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | RYAN, JOHN |
| STREET ADDRESS | 1075 CENTRAL AVE. |
| CITY-ST-ZIP | NAPLES FL 34102 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GOLDSMITH, KERRIE |
| STREET ADDRESS | 17020 WILLOWCREST WAY |
| CITY-ST-ZIP | FT MYERS FL 33908 |
| TITLE | P <input type="checkbox"/> Delete |
| NAME | HAGEWOOD, STEVEN |
| STREET ADDRESS | 886 110TH AVE. N. STE 8 |
| CITY-ST-ZIP | NAPLES FL 34108 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | WAITES, WILLIAM |
| STREET ADDRESS | 6296 CORPORATE CT., SW, STE B101 |
| CITY-ST-ZIP | FORT MYERS FL 33919 |
| TITLE | 2VP <input type="checkbox"/> Delete |
| NAME | VIRDINLIA, RICK |
| STREET ADDRESS | 886 110TH AVE., N, STE. 8 |
| CITY-ST-ZIP | NAPLES FL 34108 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BILLY |
| STREET ADDRESS | 614 NW 11TH TERRACE |
| CITY-ST-ZIP | CAPE LONAR, FL 33993 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 617, 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** **1/31/03** **239-945-2525**

CR2E037 (10/02)