

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F49609**

1. Entity Name

SOUTHWEST PRESSURE GROUTING, INC.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90139 024 ***150.00

Principal Place of Business

Mailing Address

70 WICKLIFFE DR
NAPLES FL 33942
US% PAULICH, O'HARA
70 WICKLIFFE DRIVE
NAPLES FL 34110-1332

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 **59-2183694**Applied For
Not Applicable5. 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

PAULICH, JOHN III
801 ANCHOR RODE DR
NAPLES FL 34103

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.

JOHN PAULICH III

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	BOOTH, LARRY	70 WICKLIFFE DR	NAPLES, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	BOOTH, LINDA	70 WICKLIFFE DR	NAPLES, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	PFORR, JAMISON S.	70 WICKLIFFE DR.	NAPLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Linda L. Booth Linda L. Booth Secretary-Treasurer 1/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 597-2504