FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2002 8:00 am Secretary of State

DOCUMENT # F 65833 1. Entity Name As H chalastics of Southwest Florida, Inc. Ba H INDOSTRIES OF SOUTHWEST Florida, Inc.							02-07	-2002 9030	6 017	' ***150.00		
DO NOT WRITE IN THIS SPACE												
2. Principal Place of Business 16301 South Temiami Tr Suite, Apt. #, etc. 3. Mailing Address 16530 South Temiami Tr Suite, Apt. #, etc.							DO NOT W	IDITE IM THIS S	:DACF			
# 18-269							DO NOT WRITE IN THIS SPACE					
Fort 1	nyers, FL	Fort myer	Fort myer FL			4. FEI Number 59-2180969				Applied For Not Applicable	<u>_</u>	
3390	S Country	Zip 33908	Zip Country 33908			5. Certificate of Status Desired Securificate Status Desired Fee Required						
DO NOT WRITE Name BR 3 Street Address						7. Name and Address of Current Registered Agent CE A Hoovij (P.O. Box Number is New Acceptable) LAKE DEVONWOOD P						
												IN THIS SPACE
		City	ort Myers FL Zip Code 33808									
8. The above	named entity submits this statement for t	the purpose of changing its	register	ed office or r	egistered a			Florida.	13	2700	1	
SIGNATURE _	Signature, typed or printed name of registered agent an	JCE A HOSV (d title if applicable. (NOTE		d Agent signatur	e 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) January 1 - W After May Amende Make Check Payak				s \$550.00 s \$61.25			tion Campaign t Fund Contribu			5.00 May Be	-	
11.	OFFICERS AND D			·							╡॒	
TITLE President NAME BRUCE A HOOVIS											12/0/	
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13. I hereby co	ertify that the information supplied with the on this report or supplemental report is tr	nis filing does not qualify for		nption state	d in Section	119.07(3)(i).	Florida Statute	s. I further cert	ify that t	he information	-	
or the corp	on this report or supplemental report is tr poration or the receiver or trustee empoy It with an address, with all other like emp	vered to execute this report	y signat t as requ	ure shall hav iired by Cha	ve the same opter 607, Fi	e legal effect lorida Statute	as if made und s; and that my	er oath; that 1 a name appears	n an off in Bloc	icer or director k 11 or on an		
SIGNATURE: ARVICE & Hoovis President 2/1/62 941-936-9500												