

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88841

1. Entity Name

SOUTHWEST CONSTRUCTION OF FLORIDA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90025 048 ***150.00

Principal Place of Business

254 W MARION AVE
UNIT #2
PUNTA GORDA FL 33950
US

Mailing Address

254 W MARION AVE
UNIT #2
PUNTA GORDA FL 33950
US

2. Principal Place of Business

265 East Marion Ave.

3. Mailing Address

265 East Marion Ave.

Suite, Apt. #, etc.
Suite 111

Suite, Apt. #, etc.
Suite 111

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

4. FEI Number 59-2614904

Applied For
Not Applicable

Zip
33982

Country
USA

Zip
33982

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, JAMES I.
525 E. OLYMPIA AVE.
SUITE #1
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

265 East Marion Avenue
Suite 111

City
Punta Gorda, FL

Zip Code
33950

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

James I. Montgomery

4-19-01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's 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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
MONTGOMERY, JAMES I.
525 EAST OLYMPIA AVENUE, SUITE #1
PUNTA GORDA FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
265 East Marion Avenue
Suite 111
Punta Gorda, FL 33950

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *James I. Montgomery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

941-575-2800

Daytime Phone #

CR2E034 (10/00)

USD/FS1