2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K61780** Jan 19, 2000 8:00 am 1. Entity Name SOUTHWEST DEVELOPMENT CORPORATION **Secretary of State** 01-19-2000 90311 014 ***150.00 Mailing Address Principal Place of Business 12798 DENNIS DRIVE 12798 DENNIS DRIVE FT. MYERS FL 33906-1807 FT. MYERS FL 33908 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 65-0125719 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - -_ ~ i= __ PITTMAN, LARRY L. Street Address (P.O. Box Number is Not Acceptable) 12798 DENNIS DRIVE FT. MYERS FL 33908 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS PRESIDENT Change ☐ Addition ☐ Delete TITLE TITLE FRANZONE, DANIEL NAME NAME STREET ADDRESS 12798 DENNIS DRIVE STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33908-1807 CITY-ST-7IP VICE PRESIDENT ☐ Change ☐ Addition ☐ Delete TITLE FRANZONE, PENNI NAME STREET ADDRESS 12798 DENNIS DRIVE STREET ADDRESS CITY-ST-ZIP 32508-180 CITY-ST-ZIP FT. MYERS FL Addition Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition C Delete TITI F TITLE NAME STREET ADDRESS 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 attacharen with an apprecia, with all other like empowered.

CR2F034 (9/99)

94/:433-0060 Daytime Phone #