## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # M77149** May 08, 2000 8:00 am Secretary of State 1. Entity Name SOUTHWEST FLORIDA RESOURCES CORPORATION 05-08-2000 90021 043 \*\*\*150.00 Principal Place of Business Mailing Address 695 16TH AVE., SOUTH PO BOX 3229 NAPLES FL 33940 NAPLES FL 34106-3229 3. Mailing Address 2. Principal Place of Business 0. Box 3219 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0075590 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired -- 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AKINS, ERIK W. Street Address (P.O. Box Number is Not Acceptable) PO BOX 3229 695 16TH AVE SOUTH NAPLES FL 34106 Zip Code FL 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PST** Addition Change TITLE □ Delete TITLE AKINS, ERIK W. NAME NAME STREET ADDRESS STREET ADDRESS 695 16TH AVE. SOUTH CITY-ST-ZIP CITY-ST-ZiP NAPLES FL ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MARAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truestee 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 ar

ING OFFICER OR DIRECTOR

Daytime Phone #