

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90022 018 ****61.25

DOCUMENT # N00000002230

1. Entity Name

WAKE UP AMERICA OF SOUTHWEST FLORIDA, INC. ✓

Principal Place of Business

**2135 CENTRAL AVENUE
 FORT MYERS FL 33901**

Mailing Address

**P.O. BOX 1654
 FORT MYERS FL 33902**

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

65-0997803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KOENIG, GERALD F.
 7019 NEW POST DRIVE
 N FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name **Betty R Smith**
 Street Address (P.O. Box Number is Not Acceptable) **P.O. Box 1654 - 3175 Shell Ln**
Fort Myers LA
 City **LA Belle** FL Zip Code **33925**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Betty R Smith**
 Signature, typed printed name of registered agent and title if applicable.

President
 (NOTE: Registered Agent signature required when reinstating)

7-22-02
 DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **FOX, TERRY**
 CITY-ST-ZIP **2528 NE 1ST AVENUE
 CAPE CORAL FL 33909**

TITLE ☐ Change ☒ Addition
 NAME **D ROBERT RAYE**
 STREET ADDRESS **2135 Broadway**
 CITY-ST-ZIP **Fort Myers
 FL 33901**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SAPP, RICHARD**
 CITY-ST-ZIP **3275 SOUTH ST
 FORT MYERS FL 33916**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **QUAKE, TOM**
 CITY-ST-ZIP **8390 RIVERIA AVENUE
 FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **KOENIG, GERALD F**
 CITY-ST-ZIP **7019 NEW POST DRIVE
 N FORT MYERS FL 33917**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **SMITH, BETTY**
 CITY-ST-ZIP **3175 SHELL LANE
 LABELLE FL 33434**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **HESSLER, LINDA**
 CITY-ST-ZIP **1788 FOWLER ST
 FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Betty R Smith** **7-22-02** **941-4665**

CR2E037 (4/02)