

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90096 017 ****61.25

DOCUMENT # N00000007206

1. Entity Name

RHEEM TEAM DEALERS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

3727 ENTERPRISE AVE
 NAPLES FL 34104

3727 ENTERPRISE AVE
 NAPLES FL 34104

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

59-3694109

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, PAUL D
3727 ENTERPRISE AVE
NAPLES FL 34104

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

City **FL** 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 \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	JACKSON, PAUL D	
STREET ADDRESS	3727 ENTERPRISE AVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNSWICK, ROGER	
STREET ADDRESS	6261 METRO PLANTATION RD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FITE, DEAN	
STREET ADDRESS	18494 GERANIUM RD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SERVICK, WILLIAM S	
STREET ADDRESS	606 CENTER ROAD	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUGER, DAVID K	
STREET ADDRESS	1020 PINE ISLAND RD STE 107	
CITY-ST-ZIP	CAPE CORAL FL 33915	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACLOCK, THOMAS	
STREET ADDRESS	1027 SE 12 CT	
CITY-ST-ZIP	CAPE CORAL FL 33990	

TITLE	SEC./DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED KOBIE	
STREET ADDRESS	15818 ANDERSON LANE	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	VP/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER BURNSWICK	
STREET ADDRESS	7091 PINNACLE DRIVE, SUITE E	
CITY-ST-ZIP	FONT MYERS FL 33907	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM WILLIAMS	
STREET ADDRESS	191 27TH STREET Now.	
CITY-ST-ZIP	NAPLES, FL 34104 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul D. Jackson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02

239-643-0923

CP2E037 (9/01)