

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90230 048 ****61.25

0053392

DOCUMENT # N00000007206

1. Entity Name
RHEEM TEAM DEALERS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
3727 ENTERPRISE AVE 3727 ENTERPRISE AVE
NAPLES FL 34104 NAPLES FL 34104



CHECK HERE IF MAKING CHANGES

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

JACKSON, PAUL D
3727 ENTERPRISE AVE
NAPLES FL 34104

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL D. JACKSON	
STREET ADDRESS	3727 ENTERPRISE AVE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM S. SERVICK	
STREET ADDRESS	606 CENTER ROAD	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID K. AUGER	
STREET ADDRESS	1020 PINE ISLAND RD STE 107	
CITY-ST-ZIP	CAPE CORAL FL 33915	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS BLACLOCK	
STREET ADDRESS	1027 SE 12TH COURT	
CITY-ST-ZIP	CAPE CORAL FL 33990	

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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED TREASURER 4-16-03

CR2E037 (10/02)