

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006121

1. Entity Name

SALES & MARKETING EXECUTIVES OF SOUTHWEST FLORID

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90006 038 ****61.25

Principal Place of Business

Mailing Address

1601 JACKSON STREET #201
FORT MYERS FL 33901

1601 JACKSON STREET #201
FORT MYERS FL 33901-2968

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0129757

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAHER, ROBERT T
1601 JACKSON STREET #201
FORT MYERS FL 33901

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	D	<input checked="" type="checkbox"/> Delete
NAME	LACHMAN, SHELLY	
STREET ADDRESS	1601 JACKSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRABOW, HOWARD	
STREET ADDRESS	1601 JACKSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMINSKI, PAULA C	
STREET ADDRESS	1601 JACKSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEARS, JERRY	
STREET ADDRESS	1601 JACKSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUTE, MARIA	
STREET ADDRESS	1601 JACKSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHORT, VANNA	
STREET ADDRESS	1601 JACKSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN L MCCOMBS	
STREET ADDRESS	1601 JACKSON ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00

941 4031159

CR2E037 (9/99)