

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

0050694

DOCUMENT # N99000003933

1. Entity Name

SIWEL, INC.

04-13-2001 90056 038 ****61.25

Principal Place of Business

Mailing Address

11924 FOREST HILL BLVD STE 22 PMB-118
 WELLINGTON FL 33414

11924 FOREST HILL BLVD STE 22 PMB-118
 WELLINGTON FL 33414

00036163



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11924 Forest Hill Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22, PMB-118

City & State

City & State

Wellington, FL

4. FEI Number

58-2290045

Applied For

Not Applicable

Zip

Country

Zip

Country

33414

USA

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

MCNAIR, LINDA
 11924 FOREST HILL BLVD STE 22 PMB-118
 WELLINGTON FL 33414

Name

Linda McNaair (Same)

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

N/A

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

Linda McNaair

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/01

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
 NAME MCNAIR, LINDA Delete
 STREET ADDRESS 11924 FOREST HILL BLVD STE 22 PMB-118
 CITY-ST-ZIP WELLINGTON FL 33414

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME LEWIS, R.W. Delete
 STREET ADDRESS PO BOX 916
 CITY-ST-ZIP ANNANDALE VA 22003

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DT
 NAME ROBERSON, MARKUS Delete
 STREET ADDRESS PO BOX 282
 CITY-ST-ZIP COCHRAN GA 31014

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(l), 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:

Linda McNaair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

561-791-8592

DATE

Daytime Phone #

CR2E037 (10/00)