

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90467 043 ****70.00

DOCUMENT # N99000003933

1. Entity Name

SIWEL, INC.

Principal Place of Business

11924 FOREST HILL BLVD
 22 PMB 118
 WELLINGTON FL 33414

Mailing Address

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

2. Principal Place of Business

11924 Forest Hill Blvd

3. Mailing Address

11924 Forest Hill Blvd

Suite, Apt. #, etc.

Suite # 22 - PMB 118

Suite, Apt. #, etc.

Suite # 22 - PMB 118

City & State

Wellington, Florida

City & State

Wellington, Florida

Zip

33414

Country

USA

Zip

33414

Country

USA

6. Name and Address of Current Registered Agent

MCNAIR, LINDA

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

7. Name and Address of New Registered Agent

Name

N/A

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

Linda McNair

CEO

4/29/02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCNAIR, LINDA	
STREET ADDRESS	11924 FOREST HILL BLVD STE 22 PMB-118	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, R.W.	
STREET ADDRESS	PO BOX 916	
CITY-ST-ZIP	ANNANDALE VA 22003	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROBERSON, MARKUS	
STREET ADDRESS	PO BOX 282	
CITY-ST-ZIP	COCHRAN GA 31014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

Linda McNair *Linda McNair - CEO - 4/29/02 (561) 791-8592*

CR2E037 (9/01)