


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

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90175 038 \*\*\*\*61.25

**DOCUMENT # N99000003933**

1. Entity Name  
**SIWEL, INC.**



Principal Place of Business      Mailing Address

**11924 FOREST HILL BLVD  
SUITE 22 PMB 118  
WELLINGTON FL 33414**

**11924 FOREST HILL BLVD  
SUITE 22 PMB 118  
WELLINGTON FL 33414**



2. Principal Place of Business      3. Mailing Address

**Same as above**      **Same as above**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**118-11924 Forest Hill Blvd**      **118-11924 Forest Hill Blvd S#22**

City & State      City & State

**Wellington, FL 33414**      **Wellington, FL 33414**

CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2290045**      Applied For

Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

Zip      Country      Zip      Country

**33414**      **USA**      **33414**      **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      State      Zip Code

**FL**

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 **Linda McNair CEO**      DATE **5/1/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	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		

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	R.W. Lewis / SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4630 S. Kirkman Rd #733	
CITY-ST-ZIP	Orlando, FL 32811	
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 CEO**      Date **5/1/03**      Daytime Phone # **(561-791-8592)**

CPRE037 (10/02)