

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90377 005 ***150.00

DOCUMENT # P00000028155

1. Entity Name

FSW, INC.

Principal Place of Business

**28420 WINTHROP CIRCLE
 BONITA SPRINGS FL 34134**

Mailing Address

**28420 WINTHROP CIRCLE
 BONITA SPRINGS FL 34134**

2. Principal Place of Business

4763 TRAVINI CIRCLE

3. Mailing Address

4763 TRAVINI CIRCLE

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34235

Country

USA

Zip

34235

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1993009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WEIL, FREDRICK S

**28420 WINTHROP CIRCLE
 BONITA SPRINGS FL 34134**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **WEIL, FREDRICK**
 STREET ADDRESS **28420 WINTHROP CIR**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **WEIL, FREDRICK**
 STREET ADDRESS **4763 TRAVINI CIRCLE #303**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (9/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

2/15/02 941 707 7614