

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90055 034 ***158.75

DOCUMENT # P00000044671

1. Entity Name

SW PROPERTIES OF TAMPA, INC.

Principal Place of Business

**557 PINELLAS BAYWAY #314
 TERRA VERDE FL 33715**

Mailing Address

**P.O. BOX 27132
 TAMPA FL 33623**

2. Principal Place of Business

601 N. Lois Av.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33609

Country

USA

Country

4. FEI Number

59-3644277

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SLATER, KEITH

557 PINELLAS BAYWAY #314

TERRA VERDE FL 33715

7. Name and Address of New Registered Agent

Name

Keith Slater

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

601 N. Lois Av

City

Tampa, FL

FL

Zip Code

33609

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **WARD, WILLIAM C**
 CITY-ST-ZIP **557 PINELLAS BAYWAY #115
 TERRA VERDE FL 33715**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SLATER, KEITH**
 CITY-ST-ZIP **557 PINELLAS BAYWAY #314
 TERRA VERDE FL 33715**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **Keith Slater Director**
 STREET ADDRESS **601 N Lois Av**
 CITY-ST-ZIP **Tampa FL 33609**

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

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

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

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

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

Keith Slater

4/26/02

Date

813-601-6047

Daytime Phone #

CR2E034 (9/01)