

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90001 013 ***150.00

DOCUMENT #

1. Entity Name

P00000058193

SWISS PROJECT MANAGEMENT, INC.

Principal Place of Business

Mailing Address

709 Cape Coral Parkway W. 709 Cape Coral Parkway W.
Cape Coral, Florida 33914 Cape Coral, Florida 33914

659538

2. Principal Place of Business

4214 S.E. 6th Place

Suite, Apt. #, etc.

3. Mailing Address

4214 S.E. 6th Place

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

33904

U.S.A.

Zip

Country

33904

U.S.A.

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

Monika Farmar
709 Cape Coral Parkway W.
Cape Coral, Florida 33914

Name

Monika Farmar

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

1740 S.W. 53rd Lane

City

Cape Coral

FL

Zip Code
33914

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 *Monika E. Farmar*

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

(NOTE: Registered Agent signature required when reinstating)

2-12-01

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME Marcel Gugerli
STREET ADDRESS 4214 S.E. 6th Place
CITY - ST - ZIP Cape Coral, Florida 33904

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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:

Marcel Gugerli

2/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #