

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90062 029 \*\*\*150.00

030124/ AV

**DOCUMENT # P00000090513**

1. Entity Name

**7 OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

**5701 HOUCHIN STREET STE 7  
NAPLES FL 34109**

Mailing Address

**5701 HOUCHIN STREET STE 7  
NAPLES FL 34109**

2. Principal Place of Business

**5515 YAHL STREET**

3. Mailing Address

**5515 YAHL STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**NAPLES, FL**

City &amp; State

**NAPLES, FL**

4. FEI Number

**65-1050885**

Applied For

Not Applicable

Zip

**34109**

Country

**U.S.A.**

Zip

**34109**

Country

**U.S.A.**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FISHER, DAVID C****5701 HOUCHIN STREET STE 7  
NAPLES FL****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5515 YAHL STREET**

City

**NAPLES,****FL**Zip Code  
**34109**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D FISHER, DAVID C 5701 HOUCHIN STREET STE 7 NAPLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5515 YAHL STREET NAPLES, FL 34109</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**DAVID C. FISHER-OWNER/PRESIDENT****2/19/02 (941) 597-2525**

Date

Daytime Phone #

CR2E034 (9/01)