

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095285

1. Entity Name
FRAMETEK OF SOUTHWEST FLORIDA, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90067 029 ***150.00

Principal Place of Business
8321 CYPRESS LAKE DR.
FT. MYERS FL 33919

Mailing Address
8321 CYPRESS LAKE DR.
FT. MYERS FL 33919

C0022721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1044728	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF FT. MYERS INC.
13571 MCGREGOR BLVD. #22
FT. MYERS FL 33919

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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P	NAME JOHN D. HARRIS	STREET ADDRESS 8321 CYPRESS LAKE DR	CITY-ST-ZIP FT. MYERS FL 33919-5149	<input type="checkbox"/> Delete
TITLE V	NAME TIMOTHY E. THOMAS	STREET ADDRESS 212 ANCHORAGE ST	CITY-ST-ZIP FT. MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE V	NAME JULIE HARRIS	STREET ADDRESS 8321 CYPRESS LAKE DR	CITY-ST-ZIP FT. MYERS, FL 33919-5149	<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 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
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

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: PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-13-2001
Daytime Phone #

038947

CR2E034 (10/00)