

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008328

1. Entity Name
SWFTR, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-12-2002 90575 043 ***150.00

Principal Place of Business
4211 3RD AVE NW
NAPLES FL 34119

Mailing Address
4211 3RD AVE NW
NAPLES FL 34119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
59-3692180
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, ROBERT H
4211 3RD AVE NW
NAPLES FL 34119

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: ROBERT H. WHITE

Signature, typed or printed name of registered agent and fee 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 | PTD | <input type="checkbox"/> Delete |
| NAME | WHITE, ROBERT H | |
| STREET ADDRESS | 4211 3RD AVE NW | |
| CITY-ST-ZIP | NAPLES FL 34119 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DZIELAK, KEVIN | |
| STREET ADDRESS | 2102 NE 13TH PL | |
| CITY-ST-ZIP | CAPE CORAL FL 33709 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | THORP, BOB | |
| STREET ADDRESS | 3769 E TAMiami TR | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | PRESIDENT DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOE MOULTON | |
| STREET ADDRESS | 5207 2ND ST. WEST | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33117 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ERIC DUCROU | |
| STREET ADDRESS | 1502 S.E. 27TH TERR | |
| CITY-ST-ZIP | CAPE CORAL FL. 33904 | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIKE PRESLAR | |
| STREET ADDRESS | 5810 WESTPORT LN. | |
| CITY-ST-ZIP | NAPLES FL 34116 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: ROBERT H. WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 941-641-9095
Date Daytime Phone

CR2E034 (9/01)