Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 13 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052921

1. Entity Name
Dream Weavers of SW Fl Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17222 alico center Rd	17222 alico center Rd
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State Ft Myers, Fl	City & State Ft Myers, Fl
Zip 33912 Country USA	Zip 33912 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1109344 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SW Professional Services of South Fl. Inc

Street Address (P.O. Box Number is Not Acceptable): 13571 McGregor Blvd. #22

City: Ft. Myers FL Zip Code: 33919

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President Garry Woods 1567 Chesapeake ave. Naples, Fl 34102-0502
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President John L. Price 21649 windham Rd. Estero, Fl 33928
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☑ Delete William J Shaner 1567 chesapeake ave. Naple, Fl 34102
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CR2E084B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Garry Woods Garry Woods 5/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NS 5/20/02