

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90081 027 ***150.00

DOCUMENT # P01000052921

1. Entity Name
DREAM WEAVERS OF SW FL. INC.



Principal Place of Business
17222 ALICO CENTER RD. #4
FT. MYERS FL 33912

Mailing Address
17222 ALICO CENTER RD. #4
FT. MYERS FL 33912

2. Principal Place of Business

2600 Northbrake Plaza Dr.

3. Mailing Address

2600 Northbrake Plaza Dr

Suite/Apt. #, etc.

200

Suite/Apt. #, etc.

200

City & State

Naples, FL.

City & State

Naples, FL

Zip

34119

Country

USA

Zip

34119

Country

USA

4. FEI Number 65-1109344

Applied For

Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

SW PROFESSIONAL SERVICES OF SOUTH FL. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|-------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WOODS, GARRY | |
| STREET ADDRESS | 1567 CHESAPEAKE AVENUE | |
| CITY-ST-ZIP | NAPLES FL 34102-0502 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | PRICE, JOHN L | |
| STREET ADDRESS | 21649 WINDHAM RD | |
| CITY-ST-ZIP | ESTERO F, 33928 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|-----------------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Price, John K | |
| STREET ADDRESS | 2127 Khasia Pointe | |
| CITY-ST-ZIP | Naples, FL, 34119 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 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

1/7/03 (239) 591-4004

Date

Daytime Phone #

CR2E034 (10/02)