

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90096 019 ***150.00

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1. Entity Name

SOUTHWEST LUXURY HOMEBUILDERS, INC.



Principal Place of Business

**914 MAC EWEN DR.
OSPREY FL 34229**

Mailing Address

**P. O. BOX 730
OSPREY FL 34229**

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 **65-1123119**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**NAIDEL, JEFFREY L
1063 EISENHOWER DR.
NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

Jeffrey L. Naidel

Street Address (P.O. Box Number is Not Acceptable)

5116 Ashton Pines Lane

City

Sarasota

FL

Zip Code **34231**

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 applicable.)

(NOTE: Registered Agent signature required when reinstating)

Jeffrey L. Naidel

DATE **3/19/03**

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

TITLE **PTS** ☐ Delete
NAME **NAIDEL, JEFFERY**
STREET ADDRESS **1063 EISENHOWER DR**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Jeffrey L. Naidel**
STREET ADDRESS **5116 Ashton Pines Lane**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer, Secretary** ☒ Change ☐ Addition
NAME **Patricia A. Naidel**
STREET ADDRESS **914 MacEwen Drive**
CITY-ST-ZIP **Osprey, FL 34229**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

NOTARIAL SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey L. Naidel

DATE **3/19/03**

DAYTIME PHONE # **941-964-1886**

CR2E034 (10/02)