7003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000055772

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.S.W.M. Corporation



FILED Aug 05, 2003 8:00 am Secretary of State

08-05-2003 90072 022 ***150.00

	DO NOT WRITE	IN THIS	SPACE		* * · · · · · · · · · · · · · · · · · ·	
		,				
2. Principal P	lace of Business	3. Mailing Address			•	
1318 Lafayette St.		1318 Lafayette St.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State Cape Coral, FL		City & State Cape Coral, FL		4.	FEI Number	Applied For Not Applicable
		Zip Zip	Country		65-1112200	
Zip 33904	Country USA	33904	USA	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	1 000	1			ame and Address of Current Registere	d Agent
_		:	. Name	homas W.	. Hill -	
DO NOT WRITE IN THIS SPACE			Street	Name Thomas W. Hill Street Address (P.O. Box Number is Not Acceptable)		
					afayette St.	
			C	ape Cora	a1, FL 33904	
			City		Fl	Zip Code
						<u>- </u>
8. The above	named entity submits this statement for	the purpose of chang	ing its registered office of	r registered ag	gent, or both, in the State of Florida.	
					,	
SIGNATURE .	Signature, typed or printed name of registered agent ar	A Sale of the Beauty	(NOTE: Registered Agent signa		reinstating) DATE	
<u>:</u> _	Signature, typed or printed name or registered agent at			·	reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible January 1 - May 1 After May 1, Fe						
Amend			ended UBR is \$61.25			Added to Fees
			Payable to Departmen	it of State	<u> </u>	
<u>11.</u>	OFFICERS AND D	DIRECTORS		Τ		
TITLE	PD		TITLE NAME	1	•	
NAME STREET ADDRESS	Cowlard, Michael A.		STREET ADDRESS			
CITY-ST-ZIP	1318 Lafayette St.	,	CITY-ST-ZIP			
TITLE	Cape Coral, FL 3390	4	TITLE	<u> </u>		
NAME			NAME	,		
STREET ADDRESS	Hill, Thomas W.		STREET ADDRESS	1	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	1318 Lafayette St. Cape Coral, FL 3390	4	CITY-ST-ZIP			
TITLE	<u> </u>		THILE			
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TITLE NAME			TITLE NAME			1 4
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CITY-ST-ZIP			CITY-ST-ZIP	}		* *
TITLE			TITLE	 		
NAME			NAME	1		
STREET ADDRESS	. *		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
indicated	on this report or supplemental report is t	rue and accurate and	that my signature shall h	nave the same	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I orida Statutes; and that my name appear	am an officer or director
attachmer	nt with an address, with all other like emp	owered.	. '	napior our, Fil	ones etatotes, and that my hame appear	o in Digur 11 Of Off all

7/28/03

239-549-2444

Daytime Phone #





CERTIFIED PUBLIC ACCOUNTANTS

1318 Lafayette Street Cape Coral, FL 33904 (239) 549-2444 Fax: (239) 549-5623 www.hillcocpa.com Royal Palm Square 1400 Colonial Blvd., Suite 17 Fort Myers, FL 33907 (239) 433-2444 Fax: (239) 275-3917

July 28. 2003

Division of Corporations
Annual Reports Filings/Reinstatement Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: R.S.W.M. CORPORATION

Dear Sirs/Madam:

Please accept this late filed Annual Report for the year 2003. We also request that you waive any fees plus interest and penalty. We are enclosing the amount of \$150.00 for the Annual Report fee.

Our client did not receive the Annual Report for the year 2003, as it must have been lost in mailing. We mailed the report to Mr. Cowlard in England for him to sign and mail his check to you, but he never received it.

We ask that you give this matter your attention, and that you waive the reinstatement fee and accept the \$150.00 for the 2003 Annual Report.

Thank you.

Sincerely,

Thomas W. Hill

Hill & Company, CPA, P.A.

Enclosures

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