

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90184 009 \*\*\*150.00

**DOCUMENT # P01000071872**

1. Entity Name  
**S & W TECHNOLOGY CORP.**

Principal Place of Business  
**16106 BELLE MEADE BLVD**  
**ODESSA FL 33556**

Mailing Address  
**16106 BELLE MEADE BLVD**  
**ODESSA FL 33556**

2. Principal Place of Business  
**1606 BELLE MEADE BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1606 BELLE MEADE BLVD**  
 Suite, Apt. #, etc.

City & State  
**ODESSA, FL**

City & State  
**ODESSA, FL**

Zip  
**33556**

Country  
**USA**

Zip  
**33556**

Country  
**USA**

4. FEI Number  
**59-3743049**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HANG, WINSTON S**  
**16106 BELLE MEADE BLVD**  
**ODESSA FL 33556**

7. Name and Address of New Registered Agent

Name  
**WINSTON S. HANG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16106 BELLE MEADE BLVD**  
 City  
**ODESSA** **FL** Zip Code  
**33556**

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 Winston S. Hang  
 Signature, typed or printed name of registered agent and must be notarized

(NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>WINSTON HANG</b> <b>16106 BELLE MEADE BLVD</b> <b>ODESSA, FL 33556</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Winston S. Hang  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 813-920-8405  
 Date Daytime Phone

CR2E034 (9/01)