

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90069 040 \*\*\*150.00

**DOCUMENT # P01000085359**

1. Entity Name  
**SW INVESTORS, INC.**

Principal Place of Business  
**118 WEST ORANGE STREET  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**118 WEST ORANGE STREET  
 ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business  
**13584 Turtlemarsh loop**  
 Suite, Apt. #, etc. **# 121**

3. Mailing Address  
 Suite, Apt. #, etc. **SAME**

DO NOT WRITE IN THIS SPACE

City & State  
**Orlando FL**

City & State

4. FEI Number  
**59-373519**  
**59-3713827**

Applied For  
 Not Applicable

Zip **32837**  
**FL**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Richard Shoucair**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13584 Turtlemarsh loop #121**  
 City **Orlando** **FL** Zip Code **32837**

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

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 ☐ Delete  
 NAME **PSD**  
 STREET ADDRESS **WYKLE, MELISSA**  
 CITY-ST-ZIP **118 WEST ORANGE STREET  
 ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete  
 NAME **VTD**  
 STREET ADDRESS **SHOUCAIR, RICHARD**  
 CITY-ST-ZIP **118 WEST ORANGE STREET  
 ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5201 Warrior Ln**  
 CITY-ST-ZIP **Kissimmee FL 34746**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **13584 Turtlemarsh LP**  
 CITY-ST-ZIP **Orlando FL 32837**

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

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

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: *Richard Shoucair* **Richard Shoucair** Vice President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)