

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90129 045 \*\*\*150.00

**DOCUMENT # P01000110483**

1. Entity Name

**SOUTHERN WOOD PRODUCTS OF SOUTH WEST FLORIDA, INC.**



Principal Place of Business

**950 N. COLLIER BLVD., SUITE 201  
MARCO ISLAND FL 34145**

Mailing Address

**950 N. COLLIER BLVD., SUITE 201  
MARCO ISLAND FL 34145**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**3435 ENTERPRISE AVE  
SUITE, APT. #, etc.  
# 36**

3. Mailing Address

**3435 ENTERPRISE AVE  
SUITE, APT. #, etc.  
# 36**

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip

**34104**

Country

**USA**

Zip

**34104**

Country

**USA**

4. FEI Number

**59-3757403**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**OSTROW, STEPHEN R  
229 N COLLIER BLVD  
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name **Ostrow, Stephen R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**229 N Collier Blvd**  
City **Marco Island FL 34145**

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 **Stephen R. Ostrow** **Stephen R. Ostrow** **2/26/03**  
(NOTE: Registered Agent signature required when reinstating)

**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 ☐ Delete  
NAME **P MANDEL, EMILY**  
STREET ADDRESS **3435 ENTERPRISE AVE #36**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete  
NAME **ST MANDEL, STANLEY**  
STREET ADDRESS **3435 ENTERPRISE AVE #36**  
CITY-ST-ZIP **NAPLES FL 34104**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
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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: **Stan Mandel** **2/20/03** **239-613-1147**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)