

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90062 006 ***150.00

DOCUMENT # P02000091376

1. Entity Name
FAMILY BUSINESS OF SW FLORIDA, INC.



Principal Place of Business
**1563-2 PARKMEADOWS DRIVE
FORT MYERS FL 33907**

Mailing Address
**PO BOX 07462
FT. MYERS FL 33919**



2. Principal Place of Business
923 Del Prado Blvd. South

3. Mailing Address

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State

4. FEI Number
11-3656283

Applied For
Not Applicable

Zip
33990

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**ROSE, JUNE
1563-2 PARKMEADOWS DRIVE
FORT MYERS FL 33907**

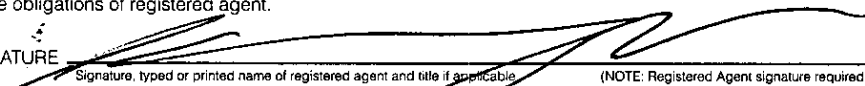
7. Name and Address of New Registered Agent

Name
A. Douglas Grace, Jr., P.A.

Street Address (P.O. Box Number is Not Acceptable)
2400 First Street, Suite 210

City **Fort Myers** **FL** Zip Code **33901**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

3-12-03
DATE

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 NAME STREET ADDRESS CITY-ST-ZIP | D ROSE, JUNE 1563-2 PARKMEADOWS DRIVE FORT MYERS FL 33907 | <input checked="" type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S/T/D Rose, June 923 Del Prado Blvd. South, Suite 205 Cape Coral, FL 33990 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 **239 939 6055**
Date Daytime Phone #

CR2E034 (10/02)