

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044357

1. Entity Name

SWT CONSTRUCTION, INC.

FILED

00 APR 14 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1792 LAKEBERRY DR
WINTER PARK FL 32789
US

Mailing Address

1792 LAKEBERRY DR
WINTER PARK FL 32789-5909
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 4961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL

4. FEI Number

59-3192364

Applied For

Not Applicable

Zip

Country

Zip
32802

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D WILLNER, DAVID M**
STREET ADDRESS **1792 LAKEBERRY DR**
CITY-ST-ZIP **WINTER PARK FL**

TITLE Change Addition
NAME
STREET ADDRESS **600003223296--3**
CITY-ST-ZIP **-04/25/00--01079--015**
*****150.00 ***150.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

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:

David M. Willner
DAVID M. WILLNER
DIRECTOR

4/10/00

Date

407-292-7717

Daytime Phone #

CR2E034 (9/99)