

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057581

1. Entity Name  
SW CONSULTING, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90101 028 \*\*\*150.00

Principal Place of Business  
13180 N CLEVELAND AVE.  
SUITE 137  
N FT. MYERS FL 33903  
US

Mailing Address  
13180 N CLEVELAND AVE.  
SUITE 137  
N FT. MYERS FL 33903  
US

*Change of Address*

80055623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
SW Consulting, Inc.  
1306 SE 46th Lane  
Suite 1  
Cape Coral, FL 33904

3. Mailing Address  
SW Consulting, Inc.  
1306 SE 46th Lane  
Suite 1  
Cape Coral, FL 33904

*Change of Address*

4. FEI Number **65-0427216** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
PAUL, JOHN G  
120 DEL PRADO BLVD  
SUITE 3  
CAPE CORAL FL 33990

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 \_\_\_\_\_ (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, 2001 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	DPST	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTIC, STEVEN N		NAME	SW Consulting, Inc.	
STREET ADDRESS	13180 N CLEVELAND AVE, #137		STREET ADDRESS	1306 SE 46th Lane	
CITY-ST-ZIP	N FT MYERS FL 33903		CITY-ST-ZIP	Suite 1	
TITLE		<input type="checkbox"/> Delete	TITLE	Cape Coral, FL 33904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: S. M. Lastic 4/30/01 941-540-0785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x14

CR2E034 (10/00)