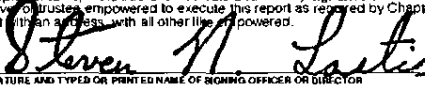


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91803 007 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057581			
1. Entity Name SW CONSULTING, INC.			
Principal Place of Business 4538 SE 6TH PLACE UNIT 204 CAPE CORAL, FL 33904 US		Mailing Address 4538 SE 6TH PLACE UNIT 204 CAPE CORAL, FL 33904 US	
2. Principal Place of Business 722 SE 43rd Street		3. Mailing Address 722 SE 43rd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State CAPE CORAL, FL	
Zip 33904		Zip 33904	
Country US		Country US	
5. 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. 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 initiating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPST LASTIC, STEVEN N 4538 SE 6TH PLACE UNIT 204 CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP DPST LASTIC, STEVEN N 722 SE 43rd Street Cape Coral, FL 33904	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ 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 lines empowered.			
SIGNATURE: 		5-1-2003 (239) 542-4043	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Steven N. Lastic