

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064279

1. Entity Name
SOUTHWEST FLORIDA PASTA, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90005 014 ***550.00

Principal Place of Business

1690 TAMiami TR
PT CHARLOTTE FL 33948

Mailing Address

P O BOX 380548
MURDOCK FL 33938

2. Principal Place of Business

3. Mailing Address

425 WILLIAM MARTIN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

425 CROSS ST. #4

City & State

City & State
PUNTA GORDA, FL

4. FEI Number 65-0438209

Applied For
Not Applicable

Zip

Country

Zip

Country

33950 CHARLOTTE

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

6. Name and Address of Current Registered Agent

FRAZER, WILLIAM C.
1690 TAMiami TRAIL
PT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name WILLIAM MARTIN

Street Address (P.O. Box Number is Not Acceptable)
425 CROSS ST. #4

City PUNTA GORDA FL Zip Code 33950

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 William Martin WILLIAM MARTIN

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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE DP ☒ Delete
NAME FRAZER, WILLIAM
STREET ADDRESS 331 PINE GLENN
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE DST ☐ Delete
NAME BOTELSON, ROGER
STREET ADDRESS 280 S OXFORD DR
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE DVP ☐ Delete
NAME MARTIN, WILLIAM
STREET ADDRESS 381 RDN DR
CITY-ST-ZIP ENGLE WOOD FL 34223

TITLE D ☐ Delete
NAME SMITH, RONALD A
STREET ADDRESS 1499 S MCCALL RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D ☐ Delete
NAME WELLBAUM, R.W. JR
STREET ADDRESS 1160 S MCCALL RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 DIRECTOR & PRESIDENT ☒ 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
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: William Martin WILLIAM MARTIN 9/5/00 94 639-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)