2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

May 01, 2001 8:00 am DOCUMENT # P93000069245 Secretary of State DSL OF SOUTHWEST FLORIDA, INC. 05-01-2001 90128 041 ***150.00 Principal Place of Business Mailing Address 1916 COMMERCIAL DR. 1916 COMMERCIAL DR FT. MYER\$ FL 33901 FT MYERS FL 33901 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0439091 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 5636 DELIDO CT CAPE CORAL FL 33904 1625-20 Red Cedar City Ft Myers FL 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. 2-20-01 SIGNATURE. ned name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VŤS Addition ☐ Delete TIME Change Change Lewis, Sandas F. 5378 DARBY CT CAPA CORALEZ LEWIS, SANDRA F NAME NAME STREET ADDRESS 5636 DELIDO CT. STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | ☐ Addition 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.

3-20-01 541 275-311 8
Date Daytime Phone #