

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/22

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90032 037 \*\*\*150.00

**DOCUMENT #** P93000075223 ✓  
**1. Entry Name**  
 4000 SW Enterprises

**Principal Place of Business**      **Mailing Address**

**2. Principal Place of Business**      **3. Mailing Address**  
 512 Seabreeze Blvd  
 Suite, Apt. #, etc.  
 Daytona Beach  
 City & State  
 Florida

**4. FEI Number** 59-3208279      **10/25/93**      **Applied For** Not Applicable

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

**Zip** 32118      **Country** Volusia



**6. Name and Address of Current Registered Agent**  
 Keenan, James J. Esq.  
 138 Lincoln Ave.  
 Daytona Beach Fla 32114

**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 entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** \_\_\_\_\_      **DATE** \_\_\_\_\_

Signature, typed or printed name as registered agent and date if applicable. (NOTE: Registered Agent signature required a notary stamp)

**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 \$350.00  
 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	<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	
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 individual or trustee empowered to execute this report, as required by Chapter 807, 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:** Janet Bernstein      **JANET BERNSTEIN**      **3/17/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR