

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017851

1. Entity Name

R.W.S. PROPERTIES, INC.

Principal Place of Business

Mailing Address

285 W BAYOU FOREST DR
FREEPORT FL 32439

P.O. BOX 5491
DESTIN FL 32540

2. Principal Place of Business

3. Mailing Address

410 Admiral Ct
Suite, Apt. #, etc.

P.O. Box 5491
Suite, Apt. #, etc.

City & State

City & State

Destin, Florida

Destin, Florida

Zip
32541

Country
USA

Zip
32540

Country
USA

4. FEI Number 65-0473805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERE P.A. D/B/A AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 \$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 P
NAME SWANSON, R. WALTER JR.
STREET ADDRESS 285 W BAYOU FOREST DR
CITY-ST-ZIP FREEPORT FL 32439 ☐ Delete

TITLE P
NAME Swanson, R. walter Jr.
STREET ADDRESS 410 Admiral Ct.
CITY-ST-ZIP Destin, FLA. 32540 ☒ Change ☐ Addition

TITLE ST
NAME SWANSON, SHERRY M
STREET ADDRESS 285 W BAYOU FOREST DR
CITY-ST-ZIP FREEPORT FL 32439 ☐ Delete

TITLE ST
NAME Swanson Sherry m
STREET ADDRESS 410 Admiral Ct.
CITY-ST-ZIP Destin, FLA. 32540 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

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:

R Walter Swanson Jr. R Walter Swanson Jr.

1/10/2001 (850) 837-8392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0034838

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90110 038 ***150.00

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DO NOT WRITE IN THIS SPACE