

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 90984 014 ***150.00

DOCUMENT # P94000029390

1. Entity Name

SOUTHWEST PROFESSIONAL SERVICES OF FORT MYERS, I

Principal Place of Business

13611 MCGREGOR BLVD
 #3
 FT MYERS FL 33919

Mailing Address

13571 MCGREGOR BLVD
 #22
 FT MYERS FL 33919

2. Principal Place of Business

8059 QUEEN PALM LANE
 Suite, Apt. #22

3. Mailing Address

Suite, Apt. #22

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number 65-0478167

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

~~GOLDBERG, PATRICIA~~
~~19571 MCGREGOR BLVD~~
~~#22~~
~~FT MYERS FL 33919~~

Patricia Goldberg
 Street Address (P.O. Box Number is Not Acceptable)

8059 QUEEN PALM LANE #721

Fort Myers, FL

FL

Zip Code 33912

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 applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/01

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 PD
 NAME GOLDBERG, PATRICIA
 STREET ADDRESS 19571 MCGREGOR BLVD #22
 CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE P.D.
 NAME PATRICIA GOLDBERG
 STREET ADDRESS 8059 QUEEN PALM LANE #721
 CITY-ST-ZIP FORT MYERS, FL 33912 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/00)