

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90016 015 \*\*\*150.00

**DOCUMENT # P95000028192**

1. Entity Name  
**SW HOSPITALITY GROUP, INC.**

Principal Place of Business

Mailing Address

~~4720 S.E. 15TH AVE~~  
~~SUITE 201~~  
~~CAPE CORAL FL 33904~~  
~~US~~

4720 S.E. 15TH AVE  
 SUITE 201  
 CAPE CORAL FL 33904  
 US

2. Principal Place of Business

3. Mailing Address

**P.O. Box 2447**  
 Suite, Apt. #, etc.

**P.O. Box 2447**  
 Suite, Apt. #, etc.

City & State

City & State

**BONITA SPRINGS FL**

**BONITA SPRINGS FL**

Zip **34133** Country **LEE**

Zip **34133** Country **LEE**

4. FEI Number

**65-0745503**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent **34133**

7. Name and Address of New Registered Agent

**JOHNSON, BERNARD**  
~~4720 S.E. 15TH AVE~~  
~~SUITE 201~~  
~~CAPE CORAL FL 33904~~

Name

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

**15801 TAMARIND CAY**

City

**FT. MYERS FL**

Zip Code

**33908**

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 *Bernard Johnson*  
 Signature, typed or printed name of registered agent and title if applicable.

*Bernard Johnson*

(NOTE: Registered Agent signature required when reinstating)

**4/29/02**  
 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, 2002 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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, BERNARD</b>	
STREET ADDRESS	<del>4720 S.E. 15TH AVE STE. 201</del>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>15801 TAMARIND CAY</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

*Bernard Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bernard Johnson*

**4/29/02 941-286-9181**  
 Date Daytime Phone #