

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-21-2003 90457 021 ***150.00
FILED P95000036576

DOCUMENT # P95000036576



1. Entity Name
SOUTHWEST ELECTRIC, INC.

Principal Place of Business
3773 DOMESTIC AVE #B
NAPLES FL 34104
US

Mailing Address
PO BOX 10766
NAPLES FL 34110

03 APR 29 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11006600



2. Principal Place of Business

3. Mailing Address

3737 Domestic Ave

Suite, Apt. #, etc.

5A

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0577205

Applied For

Not Applicable

Zip

Country

Zip

Country

34101

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN F. HOOLEY P.A.
3227 S. HORSESHOE DR.
SUITE 105
NAPLES, FL 34104

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WATSON, RUFUS
STREET ADDRESS 4822 TAHITI LANE
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

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

TITLE VD
NAME CHASE, CARL
STREET ADDRESS 9733 LITCHFIELD LANE
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

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

TITLE
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STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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
RUFUS WATSON

Date

1/13/03

239 403-0258

Daytime Phone

CR2E034 (10/02)