

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000036576**

1. Entity Name  
**SOUTHWEST ELECTRIC, INC.**



Principal Place of Business  
3773 DOMESTIC AVE #8  
NAPLES FL 34104  
US

Mailing Address  
PO BOX 10766  
NAPLES FL 34110

2. Principal Place of Business  
**3773 Domestic Ave**  
Suite, Apt. #, etc.  
**5A**

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0577205**

Applied For  
Not Applicable

Zip

Country

Zip  
**34101**

Country

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

**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	<b>P</b>	<input type="checkbox"/> Delete	TITLE
NAME	<b>WATSON, RUFUS</b>		NAME
STREET ADDRESS	<b>4822 TAHTI LANE</b>		STREET ADDRESS
CITY-ST-ZIP	<b>NAPLES FL 34112</b>		CITY-ST-ZIP
TITLE	<b>VD</b>	<input type="checkbox"/> Delete	TITLE
NAME	<b>CHASE, CARL</b>		NAME
STREET ADDRESS	<b>9733 LITCHFIELD LANE</b>		STREET ADDRESS
CITY-ST-ZIP	<b>NAPLES FL 34109</b>		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
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TITLE		<input type="checkbox"/> Delete	TITLE
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CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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: *Rufus Watson* Date: *1/13/03* Daytime Phone #: *239 403-0355*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR31127

AV

CR2E034 (10/02)