

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90054 018 ***158.75

DOCUMENT # P95000051757

1. Entity Name

SWITCH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

7154 N UNIVERSITY DR.
STE 89
TAMARAC FL 333217154 N UNIVERSITY DR.
STE 89
TAMARAC FL 33321-2916

913583

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0593815

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, JOHN L
9103 NW 67TH CT.
TAMARAC FL 33321

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE P ☐ Delete
NAME SCHNEIDER, MARK V
STREET ADDRESS 9103 NW 67TH COURT
CITY-ST-ZIP TAMARAC FL 33321TITLE ST ☐ Delete
NAME LEWIS, JOHN L
STREET ADDRESS 9103 NW 67TH COURT
CITY-ST-ZIP TAMARAC FL 33321TITLE VP ☐ Delete
NAME LEWIS, SHAWN
STREET ADDRESS 9103 NW 67TH COURT
CITY-ST-ZIP TAMARAC FL 33321TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME VP
STREET ADDRESS JOSE CRUZ
CITY-ST-ZIP 9103 NW 67TH COURT
TAMARAC FLA 33321TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #

JOHN L Lewis Secy/Treas - 15-99

954 726-1