

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096234

Entity Name
FINANCIAL SERVICES OF SOUTHWEST FLORIDA, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90245 012 ***150.00

Principal Place of Business
BOYSCOUT DRIVE
MYERS FL 33907

Mailing Address
1850 BOYSCOUT DR.
#101
FT MYERS FL 33907-2127

Principal Place of Business
2234 Colonial Blvd.
Suite, Apt. #, etc.
Box# 12

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

City & State
Fort Myers, FL.

City & State

Zip
33908

Country

Zip

Country

4. FEI Number
65-0633717

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DANTON, VICKY
1419 S.E. 8TH TERRACE
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent
Name
David Koeninger
Street Address (P.O. Box Number is Not Acceptable)
2234 Colonial Boulevard
City
Fort Myers FL Zip Code
33908

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD DOSORETZ, DANIEL E MD 1850 BOY SCOUT DR STE 102 FT MYERS FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD RUBENSTEIN, JAMES H MD 1850 BOY SCOUT DR STE 102 FT MYERS FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD KATIN, MICHAEL J MD 1850 BOY SCOUT DR STE 102 FT MYERS FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD BLITZER, PETER H MD 1850 BOY SCOUT DR STE 102 FT MYERS FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (9/99)