## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # P96000013212 1. Entity Name S.W. INVESTMENTS, INC. 01-29-2000 90032 002 \*\*\*150.00 Mailing Address Principal Place of Business C/O WEINSTEIN 500 N MAITLAND AVE PO BOX 940385 910749 MAITLAND FL 32751 MAITLAND FL 32794-0385 3. Mailing Address 2, Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3363261 Not Armir Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINSTEIN, ALAN Street Address (P.O. Box Number is Not Acceptable) 500 N MAITLAND AVE STE 308 MAITLAND FL 32751 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPST ☐ Change Addition Delete 🗌 TITLE TITLE WEINSTEIN, ALAN NAME STREET ADDRESS 500 N. MAITLAND AVE. SUITE 308 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

STREET ADDRESS

LAND SALVEINSTERVI

blan S. Weister

5/00 4

401-641-1995

Daytime Phone #

☐ Change

☐ Addition