

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90072 031 ***150.00

DOCUMENT # **P96000043377** ✓

1. Entity Name

STP OF SOUTHWEST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6017 SE 13TH PLACE

Suite, Apt. #, etc.

3. Mailing Address

6017 SE 13TH PLACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL.

City & State

CAPE CORAL, FLORIDA

4. FEI Number

65-0662094

Applied For

Not Applicable

Zip

33914

Country

Zip

33914

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SOUTHWEST PROFESSIONAL SERVICES OF FORT MYERS, INC.

Street Address (P.O. Box Number is Not Acceptable)

13571 McGREGOR BLVD STE #22

City

FORT MYERS

FL

Zip Code

33919

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's signature required when redesignating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

January 1st - May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

(Make Check Payable to Department of State)

10. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POWELL, SANDRA
STREET ADDRESS	6017 SE 13TH PLACE
CITY - ST - ZIP	CAPE CORAL, FL. 33914
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Powell SANDRA Powell 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: 116 P: 10:48

CR2E034B (12/01)