

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90083 049 ***150.00

DOCUMENT # P96000081046

1. Entity Name
D & N OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address
15432 FIDDLESTRICKS BOULEVARD 15432 FIDDLESTRICKS BOULEVARD
FORT MYERS FL 33912 FORT MYERS FL 33912

2. Principal Place of Business Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

EDWARDS, IRA DUANE
15432 FIDDLESTRICKS BOULEVARD
FORT MYERS FL 33912

Name
 Street Address (f
 City

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of Sta

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
D
EDWARDS, IRA DUANE
15432 FIDDLESTRICKS BOULEVARD
FORT MYERS FL 33912

TITLE ☐ Delete
D
EDWARDS, NANCY JANE
15432 FIDDLESTRICKS BOULEVARD
FORT MYERS FL 33912

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12.

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ira Duane Edwards* President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4-13-2002 239-561-3321
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

Note!
 Correct number
 is:
 57-0980503
 Please correct.
 Ira Duane Edwards
 President

CR2E034 (9/01)