## FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90197 014 \*\*\*150.00

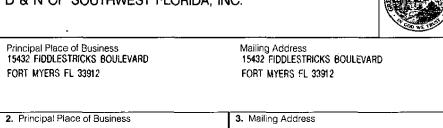
P96000081046

1. Entity Name

Suite, Apt. #, etc.

D & N OF SOUTHWEST FLORIDA, INC.





Suite, Apt. #, etc.

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☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For 57-0980503 Not Applicable Zip Country Zip Country \$8.75 Additional Π 5. Certificate of Status Desired Fee Required Name and Address of New Registe 6. Name and Address of Current Registered Agent

EDWARDS, IRA DUANE 15432 FIDDLESTRICKS BOULEVARD FORT MYERS FL 33912

- 1-1-1 - 1-1-14dine and Address of New Registered Agent				
Name				
Street Addres	s (P.O. Box Number is Not Accepta	ble)		
City		FL	Zip Code	
d office or regio	target agent or both in the Ctota of	Florida Lam for	niliar with and ac	aant

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. I am fai the obligations of registered agent.

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS <u>11.</u> ☐ Addition ☐ Change TITLE ☐ Delete TITLE EDWARDS, IRA DUANE NAME NAME 15432 FIDDLESTICKS BOULEVARD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition EDWARDS, NANCY JANE NAME NAME 15432 FIDDLESTRICKS BOULEVARD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment th an address, with all other

SIGNATURE: