

2000 UNIFORM BUSINESS REPORT (UBR)

8/8/00-90089-037-\$150.00-\$150.00

1052

DOCUMENT # P97000016589

1. Entity Name

S & W FASHIONS, INC.

Principal Place of Business

Mailing Address

119 ARNOLD ROAD SOUTH
PANAMA CITY BEACH FL 32413

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PANAMA CITY BEACH FL 32413

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 AUG 15 AM 8:14



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3431425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, ROBERT D
103 COLINA CIRCLE
PANAMA CITY BEACH FL 32413

Name

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

City

FL

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

Due to
SICKNESS

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TAYLOR, ROBERT D 103 COLINA CIRCLE PANAMA CITY BEACH FL 32413 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST TAYLOR, TREVA 103 COLINA CIRCLE PANAMA CITY BEACH FL 32413 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treva Taylor

Date

8/2/2000

Date

850-24-7801

CR2E034 (9/99)

2012

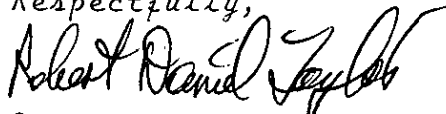
August 14, 2000

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Fla. 32314

Attention Jane:

Per our conversation, I am writing to let you know that we have an elderly parent who is very ill. We have been very busy trying to take care of her. You have already received the check. We would appreciate very much if you would wave the late fee this time. We mailed in the \$150.00.

Respectfully,



Robert Daniel Taylor
S & W Fashions