2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000037933

1. Entity Name
SCWL, INC.

Principal Place of Business
2463 ENTERPRISE RD.
CLEARWATER, FL 33763 US

Mailing Address
2463 ENTERPRISE RD.
CLEARWATER, FL 33763 US

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3455192

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, AL R JR.
4600 W. CYPRESS ST., STE. 500
TAMPA, FL 33607

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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 familiar with, and accept the obligations of registered agent.

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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAH, PANKAJ
STREET ADDRESS	2463 ENTERPRISE RD.
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	VD
NAME	WHITLEY, WILLIAM L
STREET ADDRESS	2463 ENTERPRISE RD.
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	VSTD
NAME	LANZNER, KATHLEEN
STREET ADDRESS	2463 ENTERPRISE RD.
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	VD
NAME	BOURNE, TIMOTHY E
STREET ADDRESS	2463 ENTERPRISE RD.
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000030748
01/09/04-80010-003 150.00

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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 with an address, with all other like empowered.

SIGNATURE: Kathleen C Lanzner Kathleen C Lanzner 1/06/04 7277778982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #