

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90121 015 \*\*\*150.00

**DOCUMENT # P97000051230**

1. Entity Name

**S. W. CATERERS, INC.**

Principal Place of Business

**2980 CARGO STREET  
FT. MYERS FL 33916  
US**

Mailing Address

**2980 CARGO STREET  
FT. MYERS FL 33916  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0757594**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****DI SCLAFANI, STEPHEN  
2980 CARGO STREET  
FT. MYERS FL 33916****7. Name and Address of New Registered Agent**

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, 2001 Fee will be \$550.00  
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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	DISCLAFANI, STEPHEN	2980 CARGO ST.	FT. MYERS FL 33916	<input type="checkbox"/>
ST	HUMPHREY, EDWIN E	2980 CARGO STREET	FORT MYERS FL 33916	<input checked="" type="checkbox"/>
VPD	DISCLAFANI, NANCY L	2980 CARGO STREET	FORT MYERS FL 33916	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ST	Rubin Deana A.	2980 Cargo St.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Ft. Myers FL	33916	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

1-26-01 941-337-2311

CR2E034 (10/00)