

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/4

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90056 034 \*\*\*150.00

**DOCUMENT # P97000064462**

1. Entity Name  
**E.K. WILLIAMS COMPANY OF FORT MYERS, INC.**

Principal Place of Business  
**13611 MCGREGOR BLVD. #22**  
**FORT MYERS FL 33919**

Mailing Address  
**13571 MCGREGOR BLVD**  
**#22**  
**FORT MYERS FL 33919**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13571 MCGREGOR BLVD**  
 Suite, Apt. #, etc.  
**721**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**FORT MYERS, FL**  
 Zip  
**FL 33919**

City & State

Zip

Country

4. FEI Number **65-0715238**

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

~~GOLDBERG, PATRICIA~~  
~~13571 MCGREGOR BLVD #22~~  
~~FORT MYERS FL 33919~~

Name  
**SOUTHWEST PROF SVC'S OF SO FL, INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13571 MCGREGOR BLVD #22**  
 City  
**FORT MYERS, FL** FL Zip Code  
**33919**

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  
**4/27/01**

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	<b>PD PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDBERG, PATRICIA</b>	
STREET ADDRESS	<b>13571 MCGREGOR BLVD #22</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL STORRING</b>	
STREET ADDRESS	<b>13571 MCGREGOR BLVD #22</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01** **941.481.4444**  
 Date Daytime Phone

CR2E034 (10/00)