2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DOCUMENT # **P97000067947** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name SOUTHWEST ARO CORPORATION 04-03-2000 90030 017 ***150.00 Principal Place of Business Mailing Address 3258 FOWLER ST. 3258 FOWLER ST. FORT MYERS FL 33901 FORT MYERS FL 33907-2123 2. Principal Place of Business 3. Mailing Address 5275 RAMSEY WAY 5275 RAMSEY WAY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0775895 CORT MYEILS FORT MYERS, FL Not Applicable Country \$8.75 Additional 3901 5. Certificate of Status Desired 33901 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRAKE, DALTON D Street Address (P.O. Box Number is Not Acceptable) 5275 RAMSEY WAY 3258 FOWLER STREET FORT MYERS FL 33901 City FORT MYERS 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME DRAKE, THOMAS G NAME 15560 SHELL POINT BLVD. STREET ADDRESS STREET ADDRESS 1204 3RD ST. EAST CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33908 LEHIGH FL 33972 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DRAKE, DALTON D NAME NAME 1564 JEFFERSON AVE. STREET ADDRESS STREET ADDRESS 1430 MANDEL ROAD CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP FORT MYERS FL 33919 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SMITH, A. GREG NAME NAME STREET ADDRESS STREET ADDRESS 1450 TANGLEWOOD PARKWAY CITY-ST-ZIP CITY-ST-ZIE FORT MYERS FL 33919 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS 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 appowered.

BALTON B. SPAKE 3/7/00 941-936-4001