

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90362 038 ***150.00

DOCUMENT # P97000073103

1. Entity Name
SOUTHWEST QUALITY TOOLS, INC.

Principal Place of Business

1402 VENDOME CT.
CAPE CORAL FL 33904

Mailing Address

1402 VENDOME CT.
CAPE CORAL FL 33904

2. Principal Place of Business

3907 DEL PRADO BLVD

Suite, Apt. #, etc.

C-103

City & State

CAPE CORAL FL

Zip

33904

Country

USA

3. Mailing Address

3907 DEL PRADO BLVD

Suite, Apt. #, etc.

C-103

City & State

CAPE CORAL FL

Zip

33904

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0776481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYNER, CAROLE
1402 VENDOME CT
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

NOEL TYNER

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

3907 DEL PRADO BLVD

C-103

City

CAPE CORAL

FL

Zip Code

33904

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

Noel Tyner

NOEL TYNER

4/15/02

Signature, type, 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, 2002 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 **D** ☒ Delete
NAME **TYNER, CAROLE**
STREET ADDRESS **1402 VENDOME CT.**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Delete
NAME **TYNER, KENT**
STREET ADDRESS **145 GLENMERE WAY**
CITY-ST-ZIP **HOLBROOK NY 11741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ADD** ☒ Change ☒ Addition
NAME **NOEL TYNER**
STREET ADDRESS **3907 DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Noel Tyner

NOEL TYNER

4/15/02

941-940 0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)