

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90347 020 ***150.00

DOCUMENT # P97000091545

1. Entity Name
S.W.F.M.S. CORPORATION



Principal Place of Business
**1225 TAMAMI TRAIL
UNIT A-6
PORT CHARLOTTE FL 33953**

Mailing Address
**607 TRUMPET PL.
CELEBRATION FL 34747**

2. Principal Place of Business

607 TRUMPET PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CELEBRATION, FL

City & State

4. FEI Number
65-0279162

Applied For
Not Applicable

Zip
34747

Country
US

Zip

Country

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

~~LIVINGSTON, CHARLES H~~
**46 N. WASHINGTON BLVD. #1
SARASOTA FL 34236**

Name
JIM CONTINO

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

607 TRUMPET PLACE

City
CELEBRATION

FL

Zip Code
34747

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 **JIM CONTINO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
CONTINO, JAMES
1225 TAMAMI TRAIL, UNIT A-6
PORT CHARLOTTE FL 33953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
CONTINO, JAMES
607 TRUMPET PL.
CELEBRATION, FL 34747** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 empowerments.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/03

407-566-9107

CR2E034 (10/02)