

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006083

1. Entity Name

SW JOLIE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90237 040 ***150.00

Principal Place of Business

19 SPORTSMAN LANE
ROTONDA WEST FL 33947

Mailing Address

19 SPORTSMAN LANE
ROTONDA WEST FL 34284-0754

2. Principal Place of Business

P.O. Box 754

3. Mailing Address

P.O. Box 754

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

59-3493524

Applied For

Not Applicable

Zip

Country

34284-0754

USA

Zip

Country

34284-0754

USA

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

LEVITT, SANDY
2201 RINGLING BLVD, STE 203
SARASOTA FL 34237

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete

NAME JOLIE, WILLIAM
STREET ADDRESS 19 SPORTSMAN LANE
CITY-ST-ZIP ROTONDA WEST FL 33947

TITLE D ☐ Delete

NAME JOLIE, SHAWN
STREET ADDRESS 19 SPORTSMAN LANE
CITY-ST-ZIP ROTONDA WEST FL 33947

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

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 120 Jasmine Rd.
CITY-ST-ZIP Venice, FL 34293

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 120 Jasmine Rd.
CITY-ST-ZIP Venice, FL 34293

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00
Date

941-485-4540
Daytime Phone #

CR2E034 (9/99)