

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90424 022 ***150.00

DOCUMENT # P98000012105
1. Entity Name SOUTHWEST AUTOMATIONS, INC.

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 8384 VILLAIRE CT. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 8384 VILLAIRE CT. <small>Suite, Apt. #, etc.</small>
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City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33919	Zip 33919
Country	Country

4. FEI Number 65-0810285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name JOSEPH BARTLETT	
Street Address (P.O. Box Number is Not Acceptable) 4625 SW 20TH AVENUE	
City CAPE CORAL	FL Zip Code 33914

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE D	NAME JOSEPH BARTLETT	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS 4625 SW 20TH AVENUE	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP CAPE CORAL, FL 33914	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE:** 4/30/03 **229-8825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)