

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

06-02-2003 90197 032 ***150.00

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DOCUMENT # P98000030974

1. Entity Name
WILLIAM HUMPHREY & ASSOCIATES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**16449 EDMONT DR.
FT. MYERS FL 33908**

Mailing Address
**16449 EDMONT DR.
FT. MYERS FL 33908**

2. Principal Place of Business

3. Mailing Address

9453 Discovery Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

Beaumont

FL

Zip

Country

Zip

Country

34212

USA

34212

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SW PROFESSIONAL SER. OF FT MYERS, INC
16449 EDMONT DR.
FT. MYERS FL 33908**

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. 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

**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

**PD
HUMPREY, WILLIAM F
16449 EDMONT DR.
FT. MYERS FL 33908**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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 empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/2003

941-742-6504

Daytime Phone #

CR2E034 (10/02)