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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90232 050 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039335

1. Corporation Name

SOUTHWEST FLORIDA BUSINESS SOLUTIONS, INC.

Principal Place of Business

1011 ANGLERS COVE APT H-202
MARCO ISLAND FL 34145

Mailing Address

1011 ANGLERS COVE APT H-202
MARCO ISLAND FL 34145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1998

4. FEI Number

59-3506313

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1378 Mainail Drive

Suite, Apt. #, etc. #1722

23 City & State Naples FL

24 Zip 34114 25 Country USA

2a. Mailing Address

26 PO Box 1457

Suite, Apt. #, etc. —

28 City & State Marco Island, FL

29 Zip 34146 30 Country USA

9. Name and Address of Current Registered Agent

BAILEY, JASON
1011 ANGLERS COVE APT H-202
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name

Jason Bailey

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

83 1378 Mainail Drive #1722

84 City

Naples

FL

85 Zip Code 34114

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jason Bailey, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Jason Bailey, President ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 1378 Mainail Drive #1722
1.4 CITY-ST-ZIP Naples, FL 34114

2.1 TITLE S Melissa Bailey, Secretary ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 1378 Mainail Drive #1722
2.4 CITY-ST-ZIP Naples, FL 34114

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

1-19-99

Daytime Phone #

941-370-7809

CR2EN34 (1/1/99)