

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90850 031 \*\*\*150.00

DOCUMENT # **P98000049862**

1. Entity Name  
**SOUTHWEST FLORIDA YELLOW PAGES, INC.**



Principal Place of Business

**3001 S.E. 19TH PL  
CAPE CORAL FL 33904**

Mailing Address

**P.O. BOX 101290  
CAPE CORAL FL 33910-1200**

2. Principal Place of Business

**1271 S.E. 8th ST**

Suite, Apt. #, etc.

**#101**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**CAPE CORAL, FL**

City & State

Zip

**33990**

Country

**Lee**

Zip

Country

4. FEI Number

**65-0838743**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANTOS, FRANK JR.**

**3001 S.E. 19TH PL**

**CAPE CORAL FL 33904**

**33990**

**1271 S.E. 8th ST.**

7. Name and Address of New Registered Agent

Name

**ANTOS, FRANK JR**

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

**1271 S.E. 8th ST.**

City

**CAPE CORAL**

**FL**

Zip Code

**33990**

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

*Frank Antos, Pres*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**JAN 6 - 2003**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**#7520**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PST**  
STREET ADDRESS **ANTOS, FRANK JR.**  
CITY-ST-ZIP **3001 S.E. 19TH PL  
CAPE CORAL FL 33904**

TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **ANTOS, FRANK JR.**  
CITY-ST-ZIP **3001 S.E. 19TH PL  
CAPE CORAL FL 33904**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1271 S.E. 8th ST**  
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1271 S.E. 8th ST.**  
CITY-ST-ZIP **CAPE CORAL, FL 33990**

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

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:

*Frank Antos, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-03**

Date

**239-940-3800**

Daytime Phone #

CR2E034 (10/02)