2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90480 048 ***150.00

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DOCUMENT # P99000000867

1. Entity Name
SWI LIQUIDATION COMPANY

11003453

Principal Place of Business	Mailing Address
4025 TAMPA ROAD. SUITE 1107-B OLDSMAR FL 34677	4025 TAMPA ROAD. SUITE 1107-B OLDSMAR FL 34677

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4035 TAMPA ROAD	4035 TAMPA ROAD
Suite, Apt. #, etc.: 6500	Suite, Apt. #, etc.: 6500
City & State: OLDSMAR FL	City & State: OLDSMAR FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

4. FEI Number 59-3550588 ☐ Applied For ☐ Not Applicable

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
FISHER, M. CASEY 4025 TAMPA ROAD, SUITE 1107-B OLDSMAR FL 34677	Name: FISHER, M. CASEY Street Address (P.O. Box Number is Not Acceptable): 4035 TAMPA ROAD #6500 City: OLDSMAR FL Zip Code: 34677

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: M. CASEY FISHER, VICE PRESIDENT 4-18-3
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	V FISHER, M. CASEY ~~4025 TAMPA ROAD, SUITE 1107-B~~ OLDSMAR FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4035 TAMPA RD #6500
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HECKER, RHONDA R ~~4025 TAMPA ROAD STE 1107-B~~ OLDSMAR FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4035 TAMPA RD #6500
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROWN, BARBARA A ~~4025 TAMPA ROAD STE 1107-B~~ OLDSMAR FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4035 TAMPA RD #6500
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: M. CASEY FISHER 4-18-3 813 854-1448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #