2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90188 048 ***150.00

DOCUMENT # P99000007527

1. Entity Name
SWOPE, LAMBERSON & GUILKEY PLANNING GROUP, INC.

Principal Place of Business	Mailing Address
4501 TAMIAMI TRAIL NORTH. #204 NAPLES FL 34103	4501 TAMIAMI TRAIL NORTH. #204 NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8955 FONTANA DEL SOL WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State
Zip: 34109 Country	Zip Country

4. FEI Number 65-0892565 ☐ 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
LAMBERSON, JANE E 4501 TAMIAMI TRAIL NORTH, #204 NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable): 8955 FONTANA DEL SOL WAY City: NAPLES, FL Zip Code: 34109

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.

SIGNATURE Jane E. Lamberson JANE E. LAMBERSON 4/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWOPE, RICHARD L 4501 TAMIAMI TRAIL NORTH, #204 NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8955 FONTANA DEL SOL WAY NAPLES, FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAMBERSON, JANE E 4501 TAMIAMI TRAIL NORTH, #204 NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY, D ☒ Change ☐ Addition 8955 FONTANA DEL SOL WAY NAPLES, FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GUILKEY, LINDA L 4501 TAMIAMI TRAIL NORTH, #204 NAPLES FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'CONNOR, WILLIAM J 4501 TAMIAMI TRAIL NORTH, #204 NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT, D ☒ Change ☐ Addition 8955 FONTANA DEL SOL WAY NAPLES, FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, RONALD K JR 4501 TAMIAMI TRL. N. #204 NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER, D ☒ Change ☐ Addition 8955 FONTANA DEL SOL WAY NAPLES, FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jane E. Lamberson, Secretary 4-24-02 (239) 262-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #