FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

04-12-2004 90678 045 ***150.00
05-04-2004 90129 023 ***150.00
P99000037995

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 24 AM 10:49

94084146
DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000037995

1. Entity Name
SWS of Naples, Inc.

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2. Principal Place of Business	3. Mailing Address
6652 Trident Way	6652 Trident Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL.	City & State: Naples FL.
Zip: 33108 Country:	Zip: 33108 Country:

4. FEI Number: 59-3570305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SUSAN W. SHORT
Street Address (P.O. Box Number is Not Acceptable): 6652 TRIDENT WAY
City: NAPLES FL Zip Code: 34108

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $81.25
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

TITLE	Pres.
NAME	SUSAN W. SHORT
STREET ADDRESS	6652 TRIDENT WAY
CITY-ST-ZIP	NAPLES, Fl. 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan W Short 4/8/04 239-591-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/24 AD