

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90094 038 ***150.00

LA-4535 AV

DOCUMENT # P99000046437

1. Entity Name

S.W. TITLE, INC.

Principal Place of Business

PMB #510
 6278 N. FEDERAL HWY.
 FORT LAUDERDALE FL 33308

Mailing Address

PMB #510
 6278 N. FEDERAL HWY.
 FORT LAUDERDALE FL 33308

2. Principal Place of Business

1351 NE 23rd Court

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, F

City & State

Pompano Beach, F

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0926340

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSON, SUZANNE

316 S.E. 10TH AVE., #B

POMPANO BEACH FL 33060

1351 NE 23rd Court
 Pompano Beach, FL
 33064

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Suzanne Wilson

(Signature, typed or printed name of registered agent and title, 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

TITLE P
 NAME WILSON, SUZANNE
 STREET ADDRESS 316 S.E. 10TH AVE., #B
 CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 1351 NE 23rd Court
 Pompano Beach, FL 33064

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954/784-6495

CR2E034 (9/01)