

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90166 010 ***158.75

0842698 AT

DOCUMENT # P99000055219

1. Entity Name
SOUTHWEST ACRES, INC.



Principal Place of Business
**12650 SW 16 AVE
OCALA FL 34473**

Mailing Address
**12650 SW 16 AVE
OCALA FL 34473**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
13235 Hwy 328
City & State
Ocala Florida

Suite, Apt. #, etc.
13235 Hwy 328
City & State
Ocala Florida

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3599527**

Applied For
Not Applicable

Zip **34482** Country **USA**

Zip **34482** Country **USA**

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

**KNIERIEMEN, KATHLEEN A
12650 SW 16 AVE
OCALA FL 34473**

Name

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

City

FL

Zip Code

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 _____

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 **D** ☐ Delete
NAME **KNIERIEMEN, KATHLEEN**
STREET ADDRESS **12650 SW 16 AVE**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **P** ☒ Change ☐ Addition
NAME **McQuade, Kathleen**
STREET ADDRESS **13235 Hwy 328**
CITY-ST-ZIP **Ocala Florida 34482**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **G** ☒ Change ☐ Addition
NAME **Gregory D Kowik**
STREET ADDRESS **13235 Hwy 328**
CITY-ST-ZIP **Ocala Florida 34482**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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: **Paula A. McQuade**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03 352-598-4916

Date Daytime Phone #

CR2E034 (10/02)