5-30-03; 7:21PM;Gene R. Solomon, CPA

FILED
Jun 05, 2003 8:00 am
Secretary of State
02-11-2003 90063 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066876

1. Entity Name
WEALTH MANAGEMENT OF SOUTHWEST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

55046515

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
9240 BONITA BEACH ROAD		
Suite, Apt. #, etc.: # 2209	Suite, Apt. #, etc.	
City & State: BONITA SPRINGS, FL	City & State	4. FEI Number: 59-3588492 ☐ Applied For ☐ Not Applicable
Zip: 34135 Country: LEE	Zip Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GUY E WHITEMAN C/O HENDERSON FRANKLIN

Street Address (P.O. Box Number is Not Acceptable): 1715 MONROE STREET

City: FT. MYERS FL Zip Code: 33902

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: _____ 5/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1st - May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	BERNARDI, DENISE C.	NAME	
STREET ADDRESS	9240 BONITA BEACH Rd SUITE 2209	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	LOVE, WILLIAM H.	NAME	
STREET ADDRESS	9240 BONITA BEACH Rd, SUITE 2209	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ WILLIAM H. LOVE VD 2-8-03 239 948 5508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #