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2002 Uniform Business Report (UBR)

of the corporation or the receiver changed, or on an attachment wit

SIGNATURE:

n address

all other like empowered.

ICER OR DIRECTOR

Mar 13, 2002 8:00 am P99000079111 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90119 047 ***150.00 SWI HOLDINGS, INC. Principal Place of Business Mailing Address 111 GRANADA COURT 111 GRANADA COURT ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3598627 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name SAUTTER, C. CHRISTIAN ESQ. Street Address (P.O. Box Number is Not Acceptable) 2900 E. OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33306 City Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Change ☐ Addition TITLE D Delete TITLE NAME SMOTHERMAN, J. SCOT NAME STREET ADDRESS 111 GRANADA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 TITLE ☐ Delete TITLE Change ☐ Addition NAME WILSON, JAMES NAME STREET ADDRESS STREET ADDRESS 164 S. TESSIER DRIVE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706 ☐ Delete TITLE TITLE Change ☐ Addition NAME INGERTO, SCOTT NAME STREET ADDRESS 7 SARANAC ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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