

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000086704****1. Entity Name**
SPECIAL NEEDS SERVICES CO. OF SOUTHWEST FL., INC**Principal Place of Business**
4708 ORANGE GROVE BLVD.
NORTH FT. MYERS FL 33903**Mailing Address**
4708 ORANGE GROVE BLVD.
NORTH FT. MYERS FL 33903**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0982111**

Applied For

Not Applicable

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****OPPMANN, DANIEL J**
4708 ORANGE GROVE BLVD.
NORTH FT. MYERS FL 33903

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if 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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OPPMANN, DANIEL J	
STREET ADDRESS	4708 ORANGE GROVE BLVD.	
CITY-ST-ZIP	NORTH FT. MYERS FL 33903	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	OPPMANN, MANDY J	
STREET ADDRESS	5026 SW 15TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPMANN SR, DANIEL J.	
STREET ADDRESS	4708 ORANGE GROVE BLVD.	
CITY-ST-ZIP	N. FT. MYERS, FL 33903	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** *Daniel J. Oppmann Sr.* **DANIEL J. OPPMANN SR.** **4-17-01** **841-997-3171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90150 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)