

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91781 041 ***150.00

DOCUMENT # P99000088136

1. Entity Name
FZDSW, INC.



Principal Place of Business
2700 N. FEDERAL HIGHWAY
BOCA RATON FL 33431

Mailing Address
2700 N. FEDERAL HIGHWAY
BOCA RATON FL 33431

11041410



2. Principal Place of Business

3. Mailing Address
8192 DESMOND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOYNTON BEACH FLORIDA

4. FEI Number
65-0953541

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WESTE, JOHN
2700 N. FEDERAL HIGHWAY
BOCA RATON FL 33431

Name
CHRISTOPHER MUSCATO NINOS C.P.A.
Street Address (P.O. Box Number is Not Acceptable)
1600 SOUTH DIXIE HIGHWAY
SUITE #503
City
BOCA RATON **FL** **Zip Code**
33432

10. 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 *Christopher Muscato Ninos*

CHRISTOPHER MUSCATO NINOS
CERTIFIED PUBLIC ACCOUNTANT

05-01-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WESTE, FRANCISCA
2700 N. FEDERAL HIGHWAY
BOCA RATON FL 33431 ☒ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WESTE, JOHN
2700 N. FEDERAL HIGHWAY
BOCA RATON FL 33431 ☒ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☒ **Addition**
PRESIDENT
BETH ANN BEATTY
465 TOWNSHIP ROAD #245
TORONTO OHIO 43964

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☒ **Addition**
VICE PRESIDENT
BETH ANN BEATTY
465 TOWNSHIP ROAD #245
TORONTO OHIO 43964

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☒ **Addition**
TREASURER
BETH ANN BEATTY
465 TOWNSHIP ROAD #245
TORONTO OHIO 43964

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☒ **Addition**
SECRETARY
BETH ANN BEATTY
465 TOWNSHIP ROAD #245
TORONTO OHIO 43964

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: *Beth Ann Beatty* **BETH ANN BEATTY PRESIDENT** **5-1-03**
1-561-391-9332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)