

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90868 043 ***158.75

DOCUMENT # P99000092324

1. Entity Name

MANAGEMENT SERVICE OF SW FLORIDA, INC.

Principal Place of Business

**2714 SW 39TH TERR.
 CAPE CORAL FL 33914**

Mailing Address

**2714 SW 39TH TERR.
 CAPE CORAL FL 33914**

2. Principal Place of Business

5873 Elizabeth Ann Way

Suite, Apt. #, etc.

3. Mailing Address

5873 Elizabeth Ann Way

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33912

Country

USA

City & State

Fort Myers, FL

Zip

33912

Country

USA

4. FEI Number

65-0364782

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WOLFGANG, MUELLER
 2714 SW 39TH TERR
 CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name

Wolfgang Mueller

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

5873 Elizabeth Ann Way

City

Fort Myers

FL

Zip Code

33912

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-09-2002

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, 2002 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

TITLE **PVTS** ☐ Delete
 NAME **MUELLER, WOLFGANG**
 STREET ADDRESS **2714 SW 39TH TERR.**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** ☐ Delete
 NAME **MUELLER, WOLFGANG**
 STREET ADDRESS **2714 SW 39TH TERR.**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5873 Elizabeth Ann Way**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **5873 Elizabeth Ann Way**
 CITY-ST-ZIP **Fort Myers, FL 33912**

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TITLE ☐ Change ☐ 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:

[Signature] **REQUIRED**

Wolfgang Mueller 04-09-02 (239) 410-3104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)