2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am Secretary of State DOCUMENT # P99000092368 1. Entity Name ASW COMMUNICATIONS, INC. 03-29-2001 90414 037 ***150.00 Mailing Address Principal Place of Business 104 NW 35TH PLACE 104 NW 35TH PLACE CAPE CORAL FL 33993 CAPE CORAL FL 33993 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0971375 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current-Registered Agent Name WADHAMS, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 104 NW 35TH PLACE CAPE CORAL FL 33993 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME WADHAMS, RICHARD P NAME STREET ADDRESS STREET ADDRESS 104 NW 35TH PLACE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33993 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

FILED

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