

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000094114**1. Entity Name
SLW REFERRAL REALTY, INC.

Principal Place of Business

1740 ST.LUCIE WEST BLVD.

PORT ST. LUCIE
34986

FL

Mailing Address

1740 ST.LUCIE WEST BLVD.

PORT ST. LUCIE
34986

FL

2. Principal Place of Business

1850 FOUNTAINVIEW BLVD, SUITE 201

Suite, Apt. #, etc.

3. Mailing Address

1850 FOUNTAINVIEW BLVD, SUITE 201

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE

FL

City & State

PORT ST. LUCIE

FL

Zip
34986

Country

Zip
34986

Country

4. FEI Number

65-1022599

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMMONS EVETT LESQ.

145 N.W. CENTRAL PARK PLAZA,STE.200

PORT ST. LUCIE
34986

FL

7. Name and Address of New Registered Agent

Name

HEGENER PAUL J

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

1850 FOUNTAINVIEW BLVD, SUITE 201

City

PORT ST. LUCIE

FL

Zip Code
34986

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 **PAUL J. HEGENER**

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPPA CARMEN	
STREET ADDRESS	1740 ST.LUCIE WEST BLVD.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON JAMES H	
STREET ADDRESS	1850 FOUNTAINVIEW BLVD, SUITE 201	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGE DAVID C	
STREET ADDRESS	1850 FOUNTAINVIEW BLVD, SUITE 201	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGENER PAUL J	
STREET ADDRESS	1850 FOUNTAINVIEW BLVD, SUITE 201	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
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		
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: **Paul J. Hegener**

DP

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)