

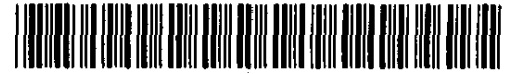
2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2001 8:00 am**
Secretary of State

04-04-2001 90505 001 ***350.00

0016694

DOCUMENT # P99000094614

1. Entity Name

FOWLER-SCHWIND, INC.Principal Place of Business
4540 SOUTHSIDE BLVD., #401
JACKSONVILLE FL 32216Mailing Address
4540 SOUTHSIDE BLVD., #401
JACKSONVILLE FL 32216**34305**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

830 116th Avenue

Suite, Apt. #, etc.

3. Mailing Address

830 116th Avenue

Suite, Apt. #, etc.

City & State

Treasure Island, FL

City & State

Treasure Island, FL

4. FEI Number

59-3607741

Applied For

Not Applicable

Zip

33706

Country

Pine llas

Zip

33706

Country

Pine llas5. Certificate of Status Desired ☐**\$8.75-Additional**
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D SCHWIND, WILLIAM G**
STREET ADDRESS **4540 SOUTHSIDE BLVD., #401**
CITY-ST-ZIP **JACKSONVILLE FL 32216**TITLE ☐ Delete
NAME **D FOWLER, TERRY**
STREET ADDRESS **4540 SOUTHSIDE BLVD., #401**
CITY-ST-ZIP **JACKSONVILLE FL 32216**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01

Date

727 363 6699

Daytime Phone #

CR2E034 (10/00)