

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90017 036 ***150.00

DOCUMENT # P99000094614

1. Entity Name
FOWLER-SCHWIND, INC.

Principal Place of Business
830 116TH AVE
TREASURE ISLAND FL 33706

Mailing Address
830 116TH AVE
TREASURE ISLAND FL 33706

2. Principal Place of Business
205 116th Avenue
 Suite, Apt. #, etc.
#5

3. Mailing Address
P. O. Box 9300
 Suite, Apt. #, etc.

City & State
Treasure Island, FL
 Zip
33706 Country
Pinellas

City & State
Treasure Island, FL
 Zip
33740 Country
Pinellas

4. FEI Number
59-3607741

Applied For
 Not Applicable

5. 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 **Smith, Mackinnon RA TED EDWARDS**
 Street Address (P.O. Box Number is Not Acceptable)
Suite 800, Citrus Center
255 South Orange Avenue
 City **Orlando, FL** Zip Code **32801**

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

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

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 **830 116th Avenue**
 CITY-ST-ZIP **Treasure Island, FL 33706**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8130 Baymeadows Way West #308**
 CITY-ST-ZIP **Jacksonville, FL 32256**

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

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

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

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 information empowered.

SIGNATURE:

WILLIAM G. SCHWIND
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-363-1164

CR2E034 (9/01)