

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90065 018 ***550.00

DOCUMENT # V20634

1. Entity Name
SOUTHWEST FLORIDA PROPERTIES, INC.

Principal Place of Business

1936 DANA DR.
 FT. MYERS FL 33907
 US

Mailing Address

1936 DANA DR.
 FT. MYERS FL 33907
 US

2. Principal Place of Business

1901 HONDA DR.
 Suite, Apt. #, etc.

3. Mailing Address

1901 HONDA DR
 Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

Zip

33907

Country

lee

Zip

33907

Country

lee

4. FEI Number

59-3118372

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESCHAIINE, MICHAEL E.
4635 ROCKWOOD CIRCLE
NORTH-FT MYERS FL 33903

7. Name and Address of New Registered Agent

Name **Michael Deschaine**
 Street Address (P.O. Box Number is Not Acceptable)
1901 HONDA DR
 City **FT MYERS** **FL** Zip Code **33907**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-5-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	DESCHAIINE, MICHAEL E.	
STREET ADDRESS	4635 ROCKWOOD CIRCLE	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	
TITLE	S	<input type="checkbox"/> Delete
NAME	DESCHAIINE, MARLENA A.	
STREET ADDRESS	4635 ROCKWOOD CIRCLE	
CITY-ST-ZIP	NORTH FT MYERS FL 33903	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deschaine michael E	
STREET ADDRESS	1901 HONDA DRIVE	
CITY-ST-ZIP	FT MYERS FL 33907	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-02 239 271-5447

CR2E034 (4/02)