

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000086850

**Entity Name:** SWM TBE, INC.

**Current Principal Place of Business:**

3550 CREEKSIDE DRIVE  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

3550 CREEKSIDE DRIVE  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 20-2139841

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MANNER, JOHN T  
Address 3550 CREEKSIDE DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP  
Name MANNER, SUSANNE M  
Address 3550 CREEKSIDE DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title T  
Name MANNER, JOHN T  
Address 3550 CREEKSIDE DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title S  
Name MANNER, JOHN T  
Address 3550 CREEKSIDE DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIR  
Name MANNER, JOHN T  
Address 3550 CREEKSIDE DR.  
City-State-Zip: BONITA SPRINGS FL 34134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN T. MANNER

**PRESIDENT**

**02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date