## 2001 UNIFORM, BUSINESS REPORT (UBR)

## Feb 07, 2001 8:00 am DOCUMENT # 692956 **Secretary of State** SWILLEY CURTIS MUNDY HUNNICUTT ASSOCIATES ARCHIT 02-07-2001 90137 005 \*\*\*150.00 Principal Place of Business Mailing Address 1036 SOUTH FLORIDA AVENUE 1036 SOUTH FLORIDA AVENUE LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2105504 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWILLEY, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 1036 SOUTH FLORIDA AVENUE LAKELAND FL 33803 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete SWILLEY, ROBERT H NAME 3202 CARLETON PLACE STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP VSTD TITLE ☐ Delete TITLE ☐ Change Addition CURTIS, JOHN R NAME NAME STREET ADDRESS 400 PALMOLA STREET STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete MUNDY, BENJAMIN'F JR NAME NAME STREET ADDRESS 141 WEST PALM DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HUNNICUTT, C KEITH NAME NAME 1825 OLEANDER DRIVE STREET ADDRESS STREET ADDRESS AVON PARK FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE ANDERSON, EMORY A JR NAME NAME 1055 ROLLING WOODS LANE 4026 SUGAR CREEK LANE STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 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: COBER SIGNATURE AND POPULO OF PRINTED NAME OF SIGNING OFFICER OR DI

ROBERT H. SWILLEY

1/09/01 863-688-8882

**FILED** 

Daytime Phone #

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