## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 17, 2002 8:00 am Secretary of State DOCUMENT # 692956 1. Entity Name 02-17-2002 90106 047 \*\*\*150.00 SWILLEY CURTIS MUNDY HUNNICUTT ASSOCIATES ARCHIT ECTS INC. 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 City & State 4. FEI Number Applied For 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 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME SWILLEY, ROBERT H NAME STREET ADDRESS 3202 CARLETON PLACE STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE Change Addition NAME CURTIS, JOHN R NAME STREET ADDRESS STREET ADDRESS **400 PALMOLA STREET** CITY-ST-7IP CITY-ST-ZIP LAKELAND FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME mundy, benjamin f jr NAME STREET ADDRESS 141 WEST PALM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Delete Change Addition Hunnicutt, C Keith NAME STREET ADDRESS **1825 OLEANDER DRIVE** STREET ADDRESS CITY-ST-ZIP AVON PARK FL CITY-ST-ZIP **▼** Delete TITLE Change ☐ Addition ANDERSON, EMORY A JR NAME STREET ADDRESS 1055 ROLLING WOODS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lakeland fl TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information supplied with this filling 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 of 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.

**FILED**