(9/01)

2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am **DOCUMENT #** G88696 **Secretary of State** 1. Entity Name SWINARSKI & COMPANY, P.A. 03-28-2002 90019 029 ***150.00 Principal Place of Business Mailing Address 2311 10TH AVENUE NORTH 2311 10TH AVENUE NORTH SUITE #3 SUITE #3 LAKE WORTH FL 33461 LAKE WORTH FL 33461 LIS US 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 59-2373749 Not Applicable Zip Country 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 SWINARSKI, CHIP Street Address (P.O. Box Number is Not Acceptable) 7424 VENETIAN WAY LAKE CLARKE SHORES FL 33406 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 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition (SWINARSKI, ELLA NAME Sherry Swinarski NAME STREET ADDRESS 2311 10TH AVENUE NORTH, #3 STREET ADDRESS 2311 10th AVE CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP LAKE WORTH TITLE ☐ Delete Addition TITLE ☐ Change NAME SWINARSKI, CHIP NAME STREET ADDRESS 2311 10TH AVENUE NORTH, #3 STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

SIGNATURE