

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91249 022 \*\*\*150.00

**DOCUMENT # P00000089073**

1. Entity Name  
**D. R. SWANSON COMPANY**

Principal Place of Business <b>13744 LONG LAKE LANE          PORT CHARLOTTE FL 33953</b>	Mailing Address <b>13744 LONG LAKE LANE          PORT CHARLOTTE FL 33953</b>
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2. Principal Place of Business <b>13744 LONG LAKE LANE</b> Suite, Apt. #, etc.	3. Mailing Address <b>13744 LONG LAKE LANE</b> Suite, Apt. #, etc.
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City & State <b>PORT CHARLOTTE, FL</b>	City & State <b>PORT CHARLOTTE, FL</b>	4. FEI Number <b>65-1047995</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33953</b>	Country <b>USA</b>	Zip <b>33953</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>SWANSON, DANIEL R          13744 LONG LAKE LANE          PORT CHARLOTTE FL 33953</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT DANIEL R. SWANSON 13744 LONG LAKE LANE PORT CHARLOTTE, FL 33953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DANIEL R. SWANSON** Date: **14 APR 01** Daytime Phone #: **941 625-5458**

CR2E034 (10/00)