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706-698-5882

2002 UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCU	DOCUMENT # 218665					Jan 08, 2002 8:00 am Secretary of State			
SWAN'S	GROVE THRE	E, INC.					90015 014 ***150		2
									
	ce of Business		Mailing Address		į				
731 ROCK 0			731 ROCK CREEK LOOP						
US US	33838		LONGWOOD FL 33838 US						
100			00				IIJAI AUR AIRII ARAK AIRII AIRI	i diau mair laar?	•
2. Principal I	Place of Business		3. Mailing Address						
&		NTINA DR	2705 NEW1 Suite, Apt. #, etc.	PORT D	R.			•	
Suite, Apt	#, etc.					DO NOT WR	TE IN THIS SPACE		
City & Sta	ite		USIT City & State	9605		4. FEI Number		Applied For	¬
DUNI		RIDA	FLLIJAY.	GEORGE	A	59-100516	^ —	ot Applicable	
Zip	Coun	itry	Zip	Country		5. Certificate of Status Desired	□ \$8.75 A		1
3383		2 LK	30540	GILME	R		Fee Requi	red	_
	6. Name and Ad	dress of Current Re	gistered Agent	Name		7. Name and Address of New I	Registered Agent	TO IN A	-
SWAN, J	AMES W				-1/	KK W. SWA			
	CK CREEK LOOP			Street	Address (P	O. Box Number is Not Acceptabl	(e) 914 VALEN	TINA SE	0
	OOD FL 32750			,		07:2		//~/// */	٦
	l			City	NIT	7603	Zin Co	de 370.0 0	,
		<u>-</u>			ELL	LIOY JUNDEED	300	27200	4
8. The above	e named entity submit	s this statement for the	ne purpose of changing its r	egistered office	y registere	d agent, or both, in the State of Fl	orida.		
	Jack S	Suga.	On	1	5 B	11 Siece	- 1/5/	' ~ 2	
SIGNATURE	Signature, typed or printed n	name of registered agent and	title if applicable. (NOTE:	Registored Adent signs	ature required w	then reinstating)	DATE	<u> </u>	
9. This corp	oration is eligible to sa	atisfy its Intangible	FILE NOW!!	! FEE IS \$150	0.00	1			1
Tax filing requirement and elects to do so. After May 1, 2002			2 Fee will be \$	\$550.00	10. Election Campaign Fill Trust Fund Contribution		00 May Be ed to Fees		
	Tia Oil Dack)	OSENSESS AND OU	Make Check Payabl		nt of State				4
11.	ÓD	OFFICERS AND DI		12.	1	ADDITIONS/CHANGES TO OFF			 ←
NAME	PD SWAN, JACK W		☐ Delete	TITLE NAME			☐ Change	☐ Addition	0/6
STREET ADDRESS	PO BOX 1232	`		STREET ADDRESS					8
CITY-ST-ZIP	DUNDEE FL 3383	38		CITY-ST-ZIP					CR2E034 (9/01)
TITLE	VD	ŧ.	Delete	TITLE			☐ Change	☐ Addition	5
NAME . STREET ADDRESS	SWAN, JAMES F			NAME STREET ADDRESS					
CITY-ST-ZIP	257 N MILITARY WEST PALM BEA			CITY-ST-ZIP					
TITLE	SVD		Delete	TITLE			☐ Change	Addition	1
NAME	SWAN, JAMES W	<i>i</i>		NAME			_ ,	_	
STREET ADDRESS CITY-ST-ZIP	731 ROCK CREE	K LOOP		STREET ADDRESS					
TITLE	LONGWOOD FL		<u>—————————————————————————————————————</u>	CHTY-ST-ZIP	-				-
NAME			☐ Delete	TITLE NAME	!		☐ Change	☐ Addition	
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP	***			CITY-ST-ZIP					
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					1
	<u> </u>				+	7	~ 1.4.		1

NAME

STREET ADDRESS

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 executefythis report as required 6). 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.

STREET ADDRESS

SIGNATURE: SAGRICUSTI

CITY-ST-ZIP