

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90090 019 ***150.00

DOCUMENT # 225751

1. Entity Name

J.D. SWEARINGEN EQUIPMENT CO., INC.

Principal Place of Business

**2954 HWY 71 N.
MARIANNA FL 32446
US**

Mailing Address

**P.O. BOX 797
MARIANNA FL 32447
US**

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.
SAME

Suite, Apt. #, etc.
SAME

City & State
SAME

City & State
SAME

Zip
32446

Country
JACKSON

Zip
32447

Country
JACKSON

4. FEI Number
59-0871047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWEARINGEN, J.D. SR.
4317 S. ST.
MARIANNA FL 32448**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SWEARINGEN, J.D.	
STREET ADDRESS	4317 S. ST.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWEARINGEN, J.D. JR.	
STREET ADDRESS	4231 S. ST.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LORD, JOY SWEARINGEN	
STREET ADDRESS	2762 SOUTHRIDGE LANE	
CITY-ST-ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

J. D. SWEARINGEN, SR. PRESIDENT

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/02

850-526-2620

Date

Daytime Phone #

CR2E034 (9/01)