

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90034 024 ***150.00

DOCUMENT # 245990

1. Entity Name

HACK SWAIN PRODUCTIONS, INC.

Principal Place of Business

1535 2ND STREET
SARASOTA FL 34236

Mailing Address

1535 2ND STREET
SARASOTA FL 34236

2. Principal Place of Business

1404 S. Tuttle Ave

3. Mailing Address

1404 S. Tuttle Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34239

Country

USA

Zip

34239

Country

USA

4. FEI Number

59-0940680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWAIN, PETER A (TONY)
2605 BAYS STREET
SARASOTA FL 24237

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, 2001 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	PDT	<input type="checkbox"/> Delete
NAME	SWAIN, PETER A	
STREET ADDRESS	1535 2ND ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SWAIN, MICHAEL M	
STREET ADDRESS	1535 2ND STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, PETER A	
STREET ADDRESS	1404 S. Tuttle Ave.	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, MICHAEL M	
STREET ADDRESS	1404 S. TUTTLE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34239	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)