

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90002 031 ***150.00

0485156

DOCUMENT # 419264

1. Entity Name

JIM SWANN ENTERPRISES, INC.

Principal Place of Business

~~516 DELAMNY AVE~~
COCOA FL 32922

Mailing Address

P.O. BOX 3767
COCOA FL 32924-3767

2. Principal Place of Business

516 Delannoy Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1679065**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EVANS, JOHN H.
1702 S. WASHINGTON AVE.
TRUSVILLE FL 32780

Name

Kirschenbaum, Malcolm R
516 Delannoy Ave
Cocoa, FL 32922

Street

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or

Malcolm R Kirschenbaum
321-632-4936

if Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/01

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 **PD** ☐ Delete
 NAME **SWANN, JAMES TERRELL III**
 STREET ADDRESS **~~516 DELAMNY AVE~~**
 CITY-ST-ZIP **COCOA FL 32922**

TITLE **STD** ☐ Delete
 NAME **KIRSCHENBAUM, MALCOLM R.**
 STREET ADDRESS **516 DELAMNY AVE**
 CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **516 Delannoy Ave**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **516 Delannoy Ave**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 I am not a minor, an individual who is or has been adjudicated incompetent, or an individual who is or has been declared bankrupt.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Jim Swann
321-631-2022

Date

Daytime Phone #

CR2E034 (10/00)