

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 459853

1. Entity Name

SWOR, INC.

Principal Place of Business

6000 FOREST BLVD.  
FT. MYERS FL 33908

Mailing Address

6000 FOREST BLVD.  
FT. MYERS FL 33908-4318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1557896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWOR, DAVID

~~6385 PRESIDENTIAL CT SW #104~~

FORT MYERS FL ~~33919~~

33908

6000 FOREST BLVD

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME PT  
STREET ADDRESS SWOR, DAVID  
CITY-ST-ZIP 6385 PRESIDENTIAL CT.  
FT MYERS, FL 00000

TITLE ☐ Delete

NAME VS  
STREET ADDRESS SWOR, DORIS  
CITY-ST-ZIP 6385 PRESIDENTIAL CT.  
FT MYERS, FL 00000

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

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 6000 FOREST BLVD  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 6000 FOREST BLVD  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

David W. Swor

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/00

941-481-0111

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90188 016 \*\*\*150.00