

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90326 037 \*\*\*150.00

0468019 AV

**DOCUMENT # 503121**

1. Entity Name  
**SWANN PRODUCTS, INC.**



Principal Place of Business  
**3024 N. HABANA  
TAMPA FL 33607**

Mailing Address  
**P.O. BOX 22966  
TAMPA FL 33622  
US**



2. Principal Place of Business  
**1110 W. Adalee St.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State

4. FEI Number **59-1716184**

Applied For  
Not Applicable

Zip  
**33603**

Country  
**Hillsborough**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**BUSTILLO, BARRY A  
21926 SHAMU DR  
LAND-O-LAKES FL 34639**

## 7. Name and Address of New Registered Agent

Name  
**PLASENCIA, JAVIER S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1110 W. Adalee Street**

City  
**Tampa** **FL** Zip Code  
**33603**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **BUSTILLO, BARRY A**  
STREET ADDRESS **21926 SHAMU DR**  
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **STD** ☒ Delete  
NAME **SUAREZ, ZAIRA**  
STREET ADDRESS **2718 AILEEN**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☒ Delete  
NAME **WILSON, KATHERINE P.**  
STREET ADDRESS **215 ROYAL DR**  
CITY-ST-ZIP **LEESBURG FL**

TITLE **D** ☒ Delete  
NAME **PLASENCIA, JAVIER S**  
STREET ADDRESS **1110 W ADALEE ST**  
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **PLASENCIA, JAVIER S.**  
STREET ADDRESS **1110 West Adalee Street**  
CITY-ST-ZIP **Tampa, FL 33603**

TITLE **STD** ☐ Change ☒ Addition  
NAME **PLASENCIA, DEBRA R.**  
STREET ADDRESS **1110 West Adalee Street**  
CITY-ST-ZIP **Tampa, FL 33603**

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

12. 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 10 or Block 11 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 #

**4/25/03**

CR2E034 (10/02)