

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 631387

1. Entity Name

SWIGLER, INCORPORATED

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90138 006 ***150.00

Principal Place of Business

2505 W 15TH STREET
PANAMA CITY FL 32401
US

Mailing Address

P.O. BOX 2272
PANAMA CITY FL 32402-2272
US

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

59-1928150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

SWIGLER, DAVID W
1701 DANFORD AVE.
PANAMA CITY FL 32401

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, 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

TITLE

☐ Change ☐ Addition

P
SWIGLER, DAVID W
1701 DANFORD AVE.
PANAMA CITY FL 32401

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE

☐ Change ☐ Addition

ST
SWIGLER, KATHY
1701 DANFORD AVE.
PANAMA CITY FL 32401

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE

☒ Change ☐ Addition

VP
SWIGLER, ALAN W
375 BEACHCOMBER DR
LYNN HAVEN, FL 32405

NAME
STREET ADDRESS
CITY-ST-ZIP

375 BEACHCOMBER DR
LYNN HAVEN, FL 32405

☐ Delete

TITLE

☐ Change ☐ Addition

ADDRESS
ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE

☐ Change ☐ Addition

ADDRESS
ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE

☐ Change ☐ Addition

ADDRESS
ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

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 stated 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: *David W Swigler* Date: *1/10/00* Daytime Phone #: *850 747 9000*