

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713973

1. Entity Name

SWAMP BUGGY, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90040 027 \*\*\*\*61.25

|                                                                                                |                                                                                    |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Principal Place of Business<br>4750 ISLES OF CAPRI RD<br>PO BOX 990010<br>NAPLES FL 33999-3060 | Mailing Address<br>4750 ISLES OF CAPRI RD<br>PO BOX 990010<br>NAPLES FL 34116-6060 |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|------------------------------------------------------------------------------|------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-1022904 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CANNON, THOMAS<br>5089 E TAMiami TrL<br>NAPLES FL 34113 |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                             |                                                                                                              |                                           |
|-----------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                           |
|------------------------------------------------|-------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CONNOLLY, TOM<br>995 2ND AVE N.<br>NAPLES FL 34113 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CANNON, TOM<br>4827 TAHITI LANE<br>NAPLES FL 34112 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>COLETTA, JAMES<br>1660 40 TERR SW<br>NAPLES FL 34416 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ASLEY, REX<br>6100 TRAIL BLVD<br>NAPLES FL 34104 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                           |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, 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: <u>SIGNATURE REQUIRED</u>                               | 4-26-00 | 941-774-2701    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date    | Daytime Phone # |

CR2E037 (9/99)