

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 17, 2001 8:00 am
Secretary of State

04-26-2001 90024 028 ****61.25

DOCUMENT # 713973

1. Entity Name

SWAMP BUGGY, INC.

Principal Place of Business

Mailing Address

~~4750 ISLES OF CAPRI RD.~~
 PO BOX 890010
 NAPLES FL 33989-3060

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 PO BOX 890010
 NAPLES FL 33989-3060

2. Principal Place of Business

3. Mailing Address

8250 Collier Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples FL

Zip

Country

Zip

Country

34113

4. FEI Number

59-1022904

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

CANNON, THOMAS
5089 E TAMAMI TRL
NAPLES FL 34113

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNOLLY, TOM 995 2ND AVE N. NAPLES FL 34113	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANNON, TOM 4827 TAHITI LANE NAPLES FL 34112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLETTA, JAMES 1680 40 TERR SW NAPLES FL 34416	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASLEY, REX 6100 TRAIL BLVD NAPLES FL 34104	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5089 E Tamami Trl Naples, FL 34113	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Cannon
Treasurer

Date

Daytime Phone #

CR2037 (10/00)