

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819862

1. Entity Name

SWISHER INTERNATIONAL, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90281 006 ***150.00

Principal Place of Business

Mailing Address

459 EAST 16TH. STREET
JACKSONVILLE FL 32203

20 THORNDAL CIRCLE
1ST FLOOR
DARIEN CT 06820-5421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1150320

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 P ☐ Delete
NAME MANN, TIMOTHY
STREET ADDRESS 459 E. 16TH. ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ Change ☒ Addition
NAME CORASANITI, RALPH
STREET ADDRESS 20 THORNDAL CIRCLE
CITY-ST-ZIP DARIEN, CT 06820

TITLE V ☐ Delete
NAME FRALEIGH, JOHN E.
STREET ADDRESS 459 E. 16TH. ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME AMATO, JUSTO S.
STREET ADDRESS 459 E. 16TH. ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CEVERA, NICHOLAS J.
STREET ADDRESS 459 E. 16TH. ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME RYAN, J THOMAS
STREET ADDRESS 459 E. 16TH. ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BRITTON, ROBERT A
STREET ADDRESS 20 THORNDAL CIRCLE
CITY-ST-ZIP DARIEN CT

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.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH P. CORASANITI 4/22/00 203-656-8000

Date

Daytime Phone #

CR2E034 (9/99)