

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90003 021 ***150.00

DOCUMENT # **840867**

1. Entity Name



SWANN MOBILE HOME PARK INC.

Principal Place of Business

Mailing Address

**1- 14th St.
 Wheeling, WV 26003**

**1- 14th St.
 Wheeling, WV 26003**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

55-0598694

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**Swann, Robert D.
 8534 Gibson Oaks Dr.
 Lakeland, Fl. 33809**

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 ☐ Delete
 NAME **S**
Swann, James E. Jr.
 STREET ADDRESS **1-14th St.**
 CITY-ST-ZIP **Wheeling, WV 26003**

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

TITLE ☐ Delete
 NAME **TD**
Swann, William B.
 STREET ADDRESS **1-14th St.**
 CITY-ST-ZIP **Wheeling, WV 26003**

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

TITLE ☐ Delete
 NAME **PD**
Swann, James E.
 STREET ADDRESS **1-14th St.**
 CITY-ST-ZIP **Wheeling, WV 26003**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

ROBERT D. SWANN

SIGNATURE:

Robert D. Swann
 Signature and typed or printed name of signing officer or director

Aug. 14-00
 Date

863-815-8313
 Daytime Phone #

CR2E034 (9/99)

Attachment

846867

Aug 7 31 30

2062

July 18, 2000

Florida Dept. of State
% Katherine Harris- Sec.
Division of Corp.
P.O. Box 6327
Tallahassee, FL. 32314

Katherine,

I am in receipt of an Invoice for Corporation Tax marked Second Notice for Swann Mobile Home Park, and marked Document # 846867.

I am sorry but we did not receive the Original Invoice which you say is Past Due. We have been paying for the last twenty years, and are not deadbeats, not wanting to pay their Bills on time.

I dont think that we should be penalized with this heavy penalty, when it was not our fault. We are just a small rental Mobile Home Park, and ~~cannot~~ afford such.

I would appreciate hearing from you in regards to this problem which is not to our making.

Sincerely,

Robert D. Swann

Robert D. Swann
Swann Mobile Home Park
8534 Gibson Oaks Drive
Lakeland, Fl. 33809