

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F75387

1. Entity Name

ROBERT K. SWARTHOUT, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90072 010 ***150.00

Principal Place of Business

Mailing Address

~~2200 N. FEDERAL HWY~~
~~SUITE 209~~
~~BOCA RATON FL 33432~~
~~US~~

~~2200 N. FEDERAL HWY~~
~~SUITE 209~~
~~BOCA RATON FL 33432~~
~~US~~

539091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2848 Banyan Blvd.

Suite, Apt. #, etc.

2848 Banyan Blvd.

City & State

Boca Raton

City & State

Boca Raton

4. FEI Number

59-2181029

Applied For

Not Applicable

Zip

33431

Country

US

Zip

33431

Country

US

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

SWARTHOUT, ROBERT K
2200 N. FEDERAL HWY.
BOCA RATON FL 33421

Name

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

City

State

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's 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, 2001 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 NAME STREET ADDRESS CITY- ST- ZIP
SC SWARTHOUT, ROBERT K. 2848 BANYAN BLVD BOCA RATON FL ☐ Delete

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

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

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TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

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

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:

Robert K. Swarthout
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K. SWARTHOUT 18-01

Date

561.392.5800

Daytime Phone #

CR2E034 (10/00)