

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0367001 AV

DOCUMENT # F95000000921

1. Entity Name
SOUTHERN SWAN, INC.

03-05-2002 90073 032 ***150.00

Principal Place of Business
2900 HIGH RIDGE ROAD
BOYNTON BCH FL 33426
US

Mailing Address
2900 HIGH RIDGE ROAD
BOYNTON BCH FL 33426
US



2. Principal Place of Business
639 EAST OCEAN AVE
 Suite, Apt. #, etc.
Suite 407

3. Mailing Address
639 EAST OCEAN AVE
 Suite, Apt. #, etc.
Suite 407

DO NOT WRITE IN THIS SPACE

City & State
BOYNTON BEACH, FL
 Zip
33435 Country
US

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 Zip
33435 Country
US

4. FEI Number **59-2745616**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FENDER, KIM
2900 HIGH RIDGE ROAD
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name **KIM FENDER**
 Street Address (P.O. Box Number is Not Acceptable)
639 East Ocean Avenue
Suite 407
 City **Boynton Beach** FL Zip Code **33435**

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

DATE **2/22/02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FENDER, MARCUS C 2900 HIGH RIDGE ROAD BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FENDER, KIM 2900 HIGH RIDGE ROAD BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FENDER, KIM 639 E OCEAN AVE #407 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FENDER, MARCUS C 639 E. OCEAN AVE #407 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **KIM FENDER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/22/02** DAYTIME PHONE # **561 752 4553**

CR2E034 (9/01)