

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003506

1. Entity Name

SWEENEY INTERNATIONAL LTD. INCORPORATED

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90051 041 ***150.00

Principal Place of Business

Mailing Address

7001 NORTH FEDERAL HWY
SUITE 2050
BOCA RATON FL 33493

2606 HAMPTON CIRCLE NORTH
DELRAY BEACH FL 33445

2. Principal Place of Business

413 NE THIRD ST

3. Mailing Address

915 EMERALD ROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

GULF STREAM FL

Zip

33483

Country

PB

Zip

33483

Country

PB

4. FEI Number

11-2699946

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

SWEENEY, TIMM R
2606 HAMPTON CIRCLE NORTH
DELRAY BEACH FL 33445

Name

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

915 EMERALD ROW

City

GULF STREAM

FL

Zip Code

33483

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

Timm R. Sweeney - TIMM R. SWEENEY, PRESIDENT

1-11-00

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
NAME SWEENEY, TIMM R
STREET ADDRESS 2606 HAMPTON CIRCLE NORTH
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE
NAME 915 EMERALD ROW
STREET ADDRESS 601 GULF STREAM
CITY-ST-ZIP FL 33483

☒ Change

☐ Addition

TITLE V
NAME SWEENEY, JEANNE
STREET ADDRESS 2606 HAMPTON CIRCLE NORTH
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE
NAME AS ADVICE
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

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:

Timm R. Sweeney - TIMM R. SWEENEY, PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)