2000 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2000 8:00 am Secretary of State **DOCUMENT # F96882** SWART'S LANDSCAPING CO., INC. 04-24-2000 90841 001 ***300.00 Principal Place of Business Mailing Address PO BOX 4019 7150 CLARK RD **SARASOTA FL 34230-4019** SARASOTA FL 34241-9336 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2225076 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SWART TRAWICK, HENRY P JR Street Address (P.O. Box Number is Not Acceptable) 2033 WOOD ST --**STE 218** SARASOTA FL 34237 Zip Code 1, 1 Särasota 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. 2000 SIGNATURE (NOTE: Registered Agent algosture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Change TITLE Delete SWART, RAYMOND E JR NAME NAME 157 PUESTA DEL SOL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OSPREY FL Addition ☐ Change OTP ☐ Gelete TITLE TITLE SWART, ANDREW A NAME NAME STREET ADDRESS STREET ADORESS 7150 CLAKR ROAD CITY-ST-ZIP CITY-ST-ZIP SARÁSOTA'FL 🔼 Change ☐ Addition 25 Delete ITILE TITLE DENHAM, DIANA KEATON, TEDDI NAME NAME 7150 Clark Road STREET ADDRESS STREET ADDRESS 7150 CLARK ROAD Sarasota, Florida CITY-ST-ZIP SARASOTA FL CITY-ST-7IP TITS F T Change - 🗔 Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 807, 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.

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FILED