

DOCUMENT # H69757

1. Entity Name  
SWIFT OIL CHANGE, INC.

Principal Place of Business  
1891 PINE RIDGE ROAD  
NAPLES FL 34109  
US

Mailing Address  
1891 PINE RIDGE ROAD  
NAPLES FL 34109  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

BROWN, THOMAS R.  
2660 AIRPORT ROAD SOUTH  
NAPLES FL 33962

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BROWN, THOMAS R.	2660 AIRPORT RD S	NAPLES FL	
P	SWIFT, VAN L.	140 BAYVIEW AVENUE	NAPLES FL	
V	SWIFT, BARBARA J.	140 BAYVIEW AVENUE	NAPLES FL	
S	SWIFT, ROBERT V.	6530 SANLDEWOOD LN	NAPLES FL 34109	
T	SWIFT, VAN, JR.	6220 22ND AVE. NW	NAPLES FL	
V	SWIFT, JENNIFER	272 JOHNNY LAKE DR	NAPLES FL 34110	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Jennifer A Swift* *1501 941 598 300*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90054 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2570081** Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

CR2E034 (10/00)