

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69951

1. Entity Name

SWANK MANAGEMENT COMPANY, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90067 031 ***158.75

Principal Place of Business

Mailing Address

17331 SW 61 CT
FT LAUDERDALE FL 33331
US

616 MAIN STREET
SUITE 600
JOHNSTOWN PA 15901-2127
US

2. Principal Place of Business

616 MAIN STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2570209

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PENROSE, GILBERT
17331 SW 61 CT
FT LAUDERDALE FL 33331

7. Name and Address of New Registered Agent

Name KARA SHANNON

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

16728 HEMMINGWAY DR

City Weston

FL

Zip Code 33326

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 KARA SHANNON

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

TITLE DP
NAME PENROSE, GILBERT
STREET ADDRESS 17331 SW 61 CT
CITY-ST-ZIP FT LAUDERDALE FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME Penrose Gilbert ☒ Change ☐ Addition
STREET ADDRESS 616 MAIN STREET Suite 600
CITY-ST-ZIP Johnstown, Pa 15801

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

814-355-4662

Daytime Phone #

CR2E034 (9/99)