

# 2002 UNIFORM BUSINESS REPORT (UBR)

0083720 AV

**DOCUMENT # J36568**  
**1. Entity Name**  
**SWIM N' FUN, INC.**

FILED

02 OCT 21 AM 11:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**  
 4896 TENTH AVENUE NORTH  
 GREENACRES CITY FL 33463

**Mailing Address**  
 4896 TENTH AVENUE NORTH  
 GREENACRES CITY FL 33463



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**REINSTATEMENT** *02*  
 DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-2719338 **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 LEITE, LAURA  
 4896 TENTH AVENUE NORTH  
 GREENACRES CITY FL 33463

**7. Name and Address of New Registered Agent**  
 Name *Carl Leite*  
 Street Address (P.O. Box Number is Not Acceptable) *4896 10th Ave N*  
*Greenacres,*  
 City **FL** Zip Code *33463*

**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. I am familiar with, and accept the obligations of registered agent.**  
 SIGNATURE *Carl Leite* DATE *10/16/02*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$550.00**  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEITE, LAURA 4896 -10TH AVENUE NORTH GREENACRES CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LEITE, CARL 4896 -10TH AVENUE NORTH GREENACRES CITY FL <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600008568016 10/24/02--01054--031 **\$750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600008568016 10/24/02--01054--032 **\$8.75
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:** *Shirley A. Leite* **REQUIRED** *10/16/02* *561 965-8834*

CR2E034 (4/02)