

2001 UNIFORM BUSINESS REPORT (UBR)

0027896 AF

DOCUMENT # L00000007006

1. Entity Name
SWISS HI-TECH, L.C.

FILED

01 FEB 26 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1485 N. ATLANTIC AVE.
COCOA BEACH FL 32932-0013

Mailing Address

PO BOX 320013
COCOA BEACH FL 32932-0013

2. Principal Place of Business

1630 Jinn Court

3. Mailing Address

1630 Jinn Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Palm Bay, FL

4. FEI Number

59-3691111

Applied For

Not Applicable

Zip

32909

Country

Brevard

Zip

32909

Country

Brevard

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOILEAU, JOHN L

1970 MICHIGAN AVE., BLDG C
COCOA FL 32922

7. Name and Address of New Registered Agent

Name

Nicole Hirschi

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

1630 Jinn Court

City

Palm Bay

FL

Zip Code

32909

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

X N. Hirschi

NICOLE HIRSCHI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

4000003783564--8
-02/27/01--01117--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X N. Hirschi

NICOLE HIRSCHI MGR.

(321) 729-0207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)