

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L00000010526**1. Entity Name  
**SWISM, LLC**Principal Place of Business  
**6815 EAST 14TH AVENUE  
TAMPA FL 33619**Mailing Address  
**6815 EAST 14TH AVENUE  
TAMPA FL 33619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR  
59-3667871**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MACFAWN, FRED  
6815 EAST 14TH AVENUE  
TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ISM P.O. BOX 629 BUTLER PA 16003</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KAUFMAN, DAVID P.O. BOX 75069 TAMPA FL 33675-0069</b>	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ISM 629 EAST BUTLER RD. BUTLER, PA 16001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kaufman, David 6815 EAST 14TH AVENUE TAMPA, FL 33619</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90032 011 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

Attachment 89711  
DOC# L00000010526

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

CP 575 B  
0716932363

Your Telephone Number Best Time to Call  
( )

DATE OF THIS NOTICE: 09-08-2000  
EMPLOYER IDENTIFICATION NUMBER: 59-3667871  
FORM: SS-4

INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

SWISM LLC  
% FRED MACFAWN GEN PTR  
6815 E 14TH AVE  
TAMPA FL 33619