

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90050 015 ***150.00

007087
 AV

DOCUMENT # L46143

1. Entity Name
SWAGGERTY BROS. LANDSCAPE, INC.

Principal Place of Business

**1818 VOTAW RD.
 APOPKA FL 32703**

Mailing Address

**1818 VOTAW RD.
 APOPKA FL 32703**

440000



2. Principal Place of Business

**1252 ERIK CT.
 Suite, Apt. #, etc.
 Altamonte Springs FL
 City & State**

3. Mailing Address

**1348 Deer Lake Circle
 Suite, Apt. #, etc.
 Apopka FL
 City & State**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2988315**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SWAGGERTY, MICHAEL L.
 1427 CEDAR GLEN DR
 APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name **Michael L. Swaggerty**
 Street Address (P.O. Box Number is Not Acceptable)
**1348 Deer Lake Circle
 City Apopka FL Zip Code 32712**

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 **Michael L. Swaggerty** **9/27/02**
 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, 2002 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	SWAGGERTY, MICHAEL L.	
STREET ADDRESS	1427 CEDAR GLEN DR	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWAGGERTY, KIRK D.	
STREET ADDRESS	1252 ERIK CT.	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swaggerty, Michael L.	
STREET ADDRESS	1348 Deer Lake Circle	
CITY-ST-ZIP	Apopka FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE: **Michael L. Swaggerty** **9/27/02** **407-463-6268**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)