

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90017 033 ***158.75

DOCUMENT # M70543

1. Entity Name

SWISS CONCEPTS, INC.

Principal Place of Business

Mailing Address

**8411 LAUREL FAIR CIRCLE
 TAMPA FL 33610
 US**

**8411 LAUREL FAIR CIRCLE
 TAMPA FL 33610-7355
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2896831

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIS R. GLASGO III
 8411 LAUREL FAIR CIRCLE
 TAMPA FL 33610**

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

Willis R. Glasgo III

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** Delete
 NAME **GLASGO, JOANNE K**
 STREET ADDRESS **4102 FREDRICK LANE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **PT** Change Addition
 NAME **GLASGO, JOANNE K**
 STREET ADDRESS **1316 B16 PINE DRIVE**
 CITY-ST-ZIP **VALRICO, FL. 33594**

TITLE **V** Delete
 NAME **GLASGO, WILLIS R. I**
 STREET ADDRESS **8411 LAUREL FAIR CIRCLE**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Willis R. Glasgo III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President
 Date **3/07/00** (813) 623 3968
 Daytime Phone #

CR2E034 (9/99)