

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34657

1. Entity Name

P.O.R.T., INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90019 037 ****61.25

Principal Place of Business
% ROSE SWEDLOW
21 LAKEPOINT CIRCLE
PORT ORANGE FL 32124

Mailing Address
% ROSE SWEDLOW
21 LAKEPOINT CIRCLE
PORT ORANGE FL 32124

604464



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2974973

Applied For

Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEDLOW, ROSE
21 LAKEPOINT CIRCLE
PORT ORANGE FL 32124

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 \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME SWEDLOW, ROSE
STREET ADDRESS 21 LAKEPOINT CIRCLE
CITY-ST-ZIP PORT ORANGE FL 32124 ☐ Delete

TITLE D
NAME WILLIAM TROTT
STREET ADDRESS 106 UNDERBRUSH TR
CITY-ST-ZIP PORT ORANGE FL 32124 ☐ Change ☒ Addition

TITLE V
NAME SANETTI, JEANNETTE
STREET ADDRESS 2571 CORAL WAY E
CITY-ST-ZIP DAYTONA BCH FL 32118 ☐ Delete

TITLE D
NAME BETTY BENSON
STREET ADDRESS 143 MAGNOLIA LOOP
CITY-ST-ZIP DAYTONA BCH, FL 32124 ☐ Change ☐ Addition

TITLE T
NAME HERATY, DOROTHEA
STREET ADDRESS 2405 SAXON DR
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE D
NAME WILLIAM EDMONDS
STREET ADDRESS 119 DUSK MEADOW TR
CITY-ST-ZIP PORT ORANGE, FL 32124 ☐ Change ☐ Addition

TITLE S
NAME TROTT, MARJORIE
STREET ADDRESS 106 UNDERBRUSH TR
CITY-ST-ZIP PORT ORANGE FL 32124 ☐ Delete

TITLE D
NAME HELEN WILSON
STREET ADDRESS 918 REED CANAL RD 148
CITY-ST-ZIP SOUTH DAYTONA, FL 32119 ☐ Change ☐ Addition

TITLE D
NAME SANETTI, FRED
STREET ADDRESS 2571 CORAL WAY E
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

TITLE D
NAME MARIE CASTILLO
STREET ADDRESS 766 HUNT CLUB TR
CITY-ST-ZIP PORT ORANGE, FL 32127 ☐ Change ☒ Addition

TITLE D
NAME POTERAN, EDWARD
STREET ADDRESS 21 LAKE POINT CIRCLE
CITY-ST-ZIP PORT ORANGE FL 32124 ☐ Delete

TITLE D
NAME DOROTHY EDMONDS
STREET ADDRESS 119 DUSK MEADOWS TR
CITY-ST-ZIP PORT ORANGE, FL 32124 ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)