2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State
01-19-2001 90019 037 ****61.25

0008964

DOCUMENT # N34657

1. Entity Name

P.O.R.T., INC.

Principal Place of Business	Mailing Address
% ROSE SWEDLOW 21 LAKEPOINT CIRCLE PORT ORANGE FL 32124	% 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
Zip / Country	Zip / Country

4. FEI Number 59-2974973 ☐ Applied For ☐ Not Applicable

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SWEDLOW, ROSE 21 LAKEPOINT CIRCLE PORT ORANGE FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM TROTT 106 UNDERBRUSH TR PORT ORANGE FL 32124	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SANETTI, JEANNETTE 2571 CORAL WAY E DAYTONA BCH FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BETTY BENSON 143 MAGNOLIA LOOP DAYTONA BC, FL 32124	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERATY, DOROTHEA 2405 SAXON DR NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM EDMONDS 119 DUSK MEADOW TR PORT ORANGE, FL 32124	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TROTT, MARJORIE 106 UNDERBRUSH TR PORT ORANGE FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELEN WILSON 918 REED CANAL RD 148 SOUTH DAYTONA, FL 32119	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANETTI, FRED 2571 CORAL WAY E DAYTONA BEACH FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIE CASTILLO 766 HUNT CLUB TR PORT ORANGE, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POTERAN, EDWARD 21 LAKE POINT CIRCLE PORT ORANGE FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOROTHY EDMONDS 119 DUSK MEADOWS TR PORT ORANGE, FL 32124	☐ Change ☐ Addition

CR2E037 (10/00)

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 1/10/01 (904) 767-0765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #