

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90059 030 ****61.25

DOCUMENT # N34657

1. Entity Name
P.O.R.T., INC.

Principal Place of Business % ROSE SWEDLOW 21 LAKEPOINT CIRCLE PORT ORANGE FL 32124	Mailing Address % ROSE SWEDLOW 21 LAKEPOINT CIRCLE PORT ORANGE FL 32124
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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 <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SWEDLOW, ROSE
 21 LAKEPOINT CIRCLE
 PORT ORANGE FL 32124**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SWEDLOW, ROSE	
STREET ADDRESS	21 LAKEPOINT CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	V-1	<input type="checkbox"/> Delete
NAME	SANETTI, JEANNETTE	
STREET ADDRESS	2571 CORAL WAY E	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERATY, DOROTHEA	
STREET ADDRESS	2405 SAXON DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	S	<input type="checkbox"/> Delete
NAME	TROTT, MARJORIE	
STREET ADDRESS	106 UNDERBRUSH TR	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANETTI, FRED	
STREET ADDRESS	2571 CORAL WAY E	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTERAN, EDWARD	
STREET ADDRESS	21 LAKE POINT CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32124	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP-2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTT, WILLIAM	
STREET ADDRESS	106 UNDERBRUSH TR	
CITY-ST-ZIP	PORT ORANGE, FL 32124	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, BETTY	
STREET ADDRESS	143 MAGNOLIA LOOP	
CITY-ST-ZIP	DAYTONA BE, FL 32124	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONDS, WILLIAM	
STREET ADDRESS	119 DUSK MEADOW TR	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, HELEN	
STREET ADDRESS	918 REED CANAL RD 148	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, MARIE	
STREET ADDRESS	766 HUNT CLUB TR	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY EDMONDS	
STREET ADDRESS	119 DUSK MEADOWS TR	
CITY-ST-ZIP	PORT ORANGE, FL 32128	

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: **2-21-02** Daytime Phone #: **386-767-0765**

CR2E037 (9/01)