

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90170 025 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000006155	
1. Entity Name	
SWIFTY SERVE FOUNDATION, INC.	

Principal Place of Business	Mailing Address
1824 HILLDALE RD. DURHAM NC 27705	1824 HILLDALE RD. DURHAM NC 27705

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	Applied For
59-3521861	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> Delete
NAME	HAMNER, W. CLAY
STREET ADDRESS	1824 HILLDALE RD
CITY-ST-ZIP	DURHAM NC 27705
TITLE	CD <input type="checkbox"/> Delete
NAME	ROGERS, WAYNE M
STREET ADDRESS	1824 HILLDALE RD
CITY-ST-ZIP	DURHAM NC 27705
TITLE	ST <input type="checkbox"/> Delete
NAME	HAFT, STEVEN
STREET ADDRESS	1824 HILLDALE RD
CITY-ST-ZIP	DURHAM NC 27705
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	RODEN, P D
STREET ADDRESS	1824 HILLDALE ROAD
CITY-ST-ZIP	DURHAM NC 27705
TITLE	EVPC <input type="checkbox"/> Delete
NAME	PROTO, FRANCIS J
STREET ADDRESS	1824 HILLDALE ROAD
CITY-ST-ZIP	DURHAM NC 27705
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an other like empowered.	
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SIGNATURE:	SIGNATURE REQUIRED	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/1/02	919-384-9888

CR2E037 (9/01)