

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90003 034 ***150.00

DOCUMENT # P00000013275

1. Entity Name

SWANSON INSURANCE AGENCY, INC.

LA

Principal Place of Business

**5977 SOUTH UNIVERSITY DRIVE
 DAVIE FL 33328**

Mailing Address

**5977 SOUTH UNIVERSITY DRIVE
 DAVIE FL 33328**



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

65-0987978

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

SWANSON, MARSHA G

5977 SOUTH UNIVERSITY DRIVE

DAVIE FL 33328

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, MARSHA G 5977 SOUTH UNIVERSITY DRIVE DAVIE FL 33328	<input type="checkbox"/> Delete
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13. 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 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:

Doyle B. Swanson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/01 (954) 434-0500
 Date Daytime Phone #

CR2E034 (5/01)

Attachment

A0077217

Doc # 000000013275

Swanson Insurance Agency, Inc
5977 S University Drive
Davie, FL 33328

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

July 9, 2001

To Whom It May Concern:

I recently received the enclosed form from the Division of Corporations. Please be advised that this is the only form that I have received this year. I called to check on it and I was advised that this is a late notice and that \$550 is now due.

Please be advised that we have not received any other correspondence from the Division of Corporations. If we had, we would have remitted promptly. We are a new corporation in our first year of business and not accustomed to all of the forms.

Please accept the enclosed check for \$150 as our payment without the penalty. If this is not satisfactory please advise at the address above.

Sincerely,



Douglas B. Swanson, President
Swanson Insurance Agency, Inc