

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000030346**

1. Entity Name

SWISHER RETIREMENT AND ESTATE PLANNING CONSULTAN**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90112 004 ***150.00

Principal Place of Business

**1323 TANGLEWOOD PKWY.
FT. MYERS FL 33919**

Mailing Address

**1323 TANGLEWOOD PKWY.
FT. MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

above

Suite, Apt. #, etc.

above

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1949526

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****SWISHER, THOMAS J
1323 TANGLEWOOD PKWY.
FT. MYERS FL 33919**

Name

No change

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

*12/31/00*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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	SWISHER, THOMAS J	
STREET ADDRESS	1323 TANGLEWOOD PKWY.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWISHER, GWENDOLYN L	
STREET ADDRESS	1323 TANGLEWOOD PKWY.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

12/31/00 941 939 7821

CR2E034 (10/00)