

FILED
Aug 31, 2001 8:00 am
Secretary of State

05-11-2001 90135 047 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040036
1. Entity Name
SWAMP FEVER, INC.

Principal Place of Business Mailing Address
205 W MAIN STREET **P O BOX 141**
ARCHER FL 32618 **ARCHER FL 32618**

2. Principal Place of Business 3. Mailing Address
8320 SE 45 ST **8320 SE 45 ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NEWBERRY FL **NEWBERRY FL**
Zip Country Zip Country
32669 **USA** **32669** **USA**

6. Name and Address of Current Registered Agent
THOMAS, TERRY K
205 W MAIN STREET
ARCHER FL 32618

4. FEI Number Applied For
59-3631094 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
☐ ☐
7. Name and Address of New Registered Agent
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 *Deborah Thomas* *Terry K Thomas* 7/10/01
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. ☐ **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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	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: *Deborah Thomas Sec/Treas* 7/10/01 352 333 2500
Signature and typed or printed name of signing officer or director Date Daytime Phone # X120

CRE034 (5/01)