

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057592

1. Entity Name

CHARLOTTE L. SWIGLER, P.A.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90137 023 ***150.00

Principal Place of Business

3430 ALBA WAY
DEERFIELD BEACH FL 33442

Mailing Address

3430 ALBA WAY
DEERFIELD BEACH FL 33442

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

65-1013052

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

DAVID F. ANDERSON, P.A.
80 SW 8TH STREET SUITE 2804
MIAMI FL 33130

Name
CHARLOTTE SWIGLER
Street Address (P.O. Box Number is Not Acceptable)
3430 ALBA WAY
City
DEERFIELD BEACH FL Zip Code
33442

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

Charlotte Swigler
CHARLOTTE SWIGLER, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 18 2001

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
SWIGLER, CHARLOTTE L
3430 ALBA WAY
DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Charlotte Swigler
CHARLOTTE SWIGLER, PRESIDENT

Date

Daytime Phone #

Jan 18 2001 954-421-1105

CR2E034 (10/00)