

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000107938**

1. Entity Name

**SWIM INC. II, INC.**

Principal Place of Business

**14301 W. PALOMINO DRIVE  
FT. LAUDERDALE FL 33330**

Mailing Address

**14301 W. PALOMINO DRIVE  
FT. LAUDERDALE FL 33330**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1073841**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KUHN, FAITH  
14301 W. PALOMINO DRIVE  
FT. LAUDERDALE FL 33330**

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

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 \$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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D KUHN, FAITH</b>	<b>14301 W. PALOMINO DRIVE</b>	<b>FT. LAUDERDALE FL 33330</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/01****(561) 586-3334**

DO NOT WRITE IN THIS SPACE

0012769

CR2E034 (10/00)



attachment  
# P000006107938

UCS-1S  
R. 10/00

B0050387

**Report to Determine Succession and Application for Transfer  
of Experience Rating Records**

**If you purchase or lease an existing business, in whole or in part, or if you change the nature of your business entity (e.g. from a partnership to a corporation, from a corporation to a proprietorship, etc.) it is required that you complete this form.**

Listed below are factors used to determine if a succession occurred, for example:

- 1) The percentage of the existing business entity that was acquired by you.
- 2) The percentage of the business assets of the previous owner acquired by you. Assets are defined as: inventory, real property, machinery, accounts receivable, goodwill, etc.
- 3) Determination of succession is also based upon the amount of time that has elapsed since the previous owners ceased employing workers in Florida and the new owners began employing workers.

**1. PREVIOUS OWNER INFORMATION:**

Legal Name SWIM INC.

Trade Name (D/B/A) \_\_\_\_\_

Address 14301 W Palomino Dr  
Ft Lauderdale 33330

Florida Account # 1168338 FED I.D. # 59-2293627 Telephone # (954) 434-9578

Was the business being operated at the time of acquisition? Yes ☒ No ☐

If No, date closed: \_\_\_\_\_

What is the principal product or services of the business? Swimming instruction

**2. CURRENT OWNER NAME:**

Legal Name SWIM INC II

Trade Name (D/B/A) \_\_\_\_\_

Address 14301 W Palomino Dr  
SOUTHWEST Ranches 33330

Florida Account # 2308032 FED I.D. # 65-1073841 Telephone # (561) 586-3374

What is the principal product or services of the business? Swimming instruction

**3. Date Of Acquisition** 1/1/01 Did you acquire all the business? Yes ☒ No ☐ Unknown ☐

If a rate transfer is desired and you have acquired 100 % of the business, item 5 must be completed. If you have acquired less than 100% of a business that is an identifiable and segregable portion of the business, and you desire a rate transfer, item 6 must be completed.