

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90155 040 ***150.00

DOCUMENT # *P00000115205*

1. Entity Name

Swafford & Hays Settlement Services, Inc

DO NOT WRITE IN THIS SPACE

90066261

2. Principal Place of Business

224 S. Peters Rd

3. Mailing Address

224 S. Peters Rd

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

KNOXVILLE TN

City & State

KNOXVILLE TN

4. FEI Number

693684309

Applied For

Not Applicable

Zip

37922

Country

USA

Zip

37923

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Vicki Campbell

Street Address (P.O. Box Number is Not Acceptable)

5598 Grande Lagoon

City

PENNSACOLA

FL

Zip Code

32507

**DO NOT WRITE
IN THIS SPACE**

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 reissuance)

DATE:

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President - Chairman of Board*
NAME *Gregory A. Swafford*
STREET ADDRESS *10227 Lynn Chase Ln.*
CITY- ST- ZIP *KNOXVILLE TN 37927*

TITLE *Exec. VP - Board Member*
NAME *JAMES W. Swafford I*
STREET ADDRESS *727 Carrie Dr*
CITY- ST- ZIP *CROSSVILLE TN 38522*

TITLE *V.P. - Board Member*
NAME *James W. Swafford II*
STREET ADDRESS *11725 Autumn Lane*
CITY- ST- ZIP *KNOXVILLE TN 37922*

TITLE *Secretary - Board member*
NAME *Dagmar A. Tappan*
STREET ADDRESS *2312 Settlers Ridge*
CITY- ST- ZIP *KNOXVILLE TN 37923*

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James W. Swafford *James W. Swafford*

3/20/03

865-934-0462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)