

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90127 010 \*\*\*150.00

DOCUMENT # P00000115870

1. Entity Name

SWIFT ENTERPRISES OF PINELLAS, INC.



Principal Place of Business

857 E. KLOSTERMAN RD.  
TARPON SPRINGS FL 34689

Mailing Address

857 E. KLOSTERMAN RD.  
TARPON SPRINGS FL 34689

2. Principal Place of Business

1701 SUNSET DRIVE

3. Mailing Address

1701 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3685551

Applied For

Not Applicable

Zip

Country

USA

Zip

33755

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SWIFT, TERI  
857 E. KLOSTERMAN RD.  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

DOUGLAS SWIFT

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

1701 SUNSET DRIVE

City

CLEARWATER

FL

Zip Code

33755

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Douglas Swift*

DOUGLAS SWIFT

*Teri Swift*

TERI SWIFT

APRIL 25, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SWIFT, TERI	
STREET ADDRESS	857 E KLOSTERMAN RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWIFT, DOUGLAS	
STREET ADDRESS	857 E KLOSTERMAN RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERI SWIFT	
STREET ADDRESS	1701 SUNSET DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS SWIFT	
STREET ADDRESS	1701 SUNSET DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Douglas Swift* DOUGLAS SWIFT

*Teri Swift* TERI SWIFT

APRIL 25, 2003 727-441-8704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)