

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90524 039 ***150.00

DOCUMENT # P01000008063

1. Entity Name
DIANNE P. SWISHER, P.A.



Principal Place of Business
~~220 EAGLETON LAKES BLVD.~~
PALM BEACH GARDENS FL 33418

Mailing Address
~~220 EAGLETON LAKES BLVD.~~
PALM BEACH GARDENS FL 33418

90011762



2. Principal Place of Business

776 Harbour Isles Pl

3. Mailing Address

776 Harbour Isles Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

North Palm Beach, FL

☐ CHECK HERE IF MAKING CHANGES

City & State
North Palm Beach, FL

City & State
FL, USA

4. FEI Number
65-1073474

Applied For
Not Applicable

Zip
33410

Country
USA

Zip
33410

Country
USA

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

NICHOLS, L. WESLEY
11380 PROSPERITY FARMS RD.
STE. 204
PALM BEACH GARDENS FL 33410

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

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
SWISHER, DIANNE P
220 EAGLETON LAKES BLVD.
PALM BEACH GARDENS FL 33418

☐ Delete

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)