

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90770 019 ***150.00

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DOCUMENT # P01000050881

1. Entity Name
SWAMP ANGEL ENTERPRISES, INC.



Principal Place of Business
**924 NW 13TH AVE
GAINESVILLE FL 32601**

Mailing Address
**924 NW 13TH AVE
GAINESVILLE FL 32601**



2. Principal Place of Business

3. Mailing Address

4215 NW 16th Blvd

4215 NW 16th Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Gainesville, FL

Gainesville, FL

City & State

City & State

32605 USA

32605 USA

Zip

Country

Zip

Country

4. FEI Number

59-3732187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LYTLE SCALES, EARL JR
924 NW 13TH AVE
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name

Earl L. Scales, Jr.

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

3145 NW 46th Ave

City

Gainesville

FL

Zip Code

32605

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

TITLE **D** ☐ Delete
NAME **LYTLE SCALES, EARL JR**
STREET ADDRESS **924 NW 13TH AVE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **VP** ☐ Delete
NAME **SCALES, INGRID V**
STREET ADDRESS **924 NW 13TH AVE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **ST** ☐ Delete
NAME **LYTLE SCALES, EARL**
STREET ADDRESS **11935 SUNSET HARBOR RD**
CITY-ST-ZIP **WEIRSDALE FL 32195**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Ingrid Scales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 352-381-1997
Date Daytime Phone #

CR2E034 (10/02)