

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057422

1. Entity Name
SWIG FUNDING, INC.

FILED

02 NOV 15 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3275 W HILLSBORO BLVD #207
DEERFIELD BEACH FL 33442

Mailing Address

3275 W HILLSBORO BLVD #207
DEERFIELD BEACH FL 33442

2. Principal Place of Business

6574 N STATE RD 7
Suite, Apt. #, etc.
COCONUT CREEK, FLA
City & State

3. Mailing Address

6574 N STATE RD 7
Suite, Apt. #, etc.
126
COCONUT CREEK FLA
City & State

4. FFL Number

65-1110809

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR
3275 W HILLSBORO BLVD #207
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name
LAI MOSKOWITZ
Street Address (P.O. Box Number is Not Acceptable)
6720 NW 78 PLACE
PARKLAND

FL

Zip Code
33067

8. The above named entity submits this statement for the purpose of enjoining 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSKOWITZ, LAINE 3275 W HILLSBORO BLVD #207 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
300009033093 11/15/02--01097--007 **158.75	
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: *LAINE MOSKOWITZ*

11/9/02 954810-9663

CR2E034 (4/02)

Swig Funding, Inc.
6574 N State Road 7 # 126
Coconut Creek, Fl. 33067-3625

11/09/02

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern

Please accept our check for \$158.75 dollars. We had not received the prior UBR notices, as the mailing address on the form is not our current address. We put in for a change of address form with the post office, and I think this got caught up in the shuffle. Attached, please find a copy of our latest bank statement, showing our current mailing address. We have sent in the form with the correct changes. If there are any questions concerning this matter, please feel free to call.
954-610-9663

Respectfully Yours,


Laine Moskowitz, President

Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Toll Free 1.888.BUSINESS(1.888.287.4637)
www.bankofamerica.com

Page 1 of 2
Account Number: 0034 4353 7276
E O O C Enclosures 7 53
Statement Period
09/01/02 through 09/30/02 000449



00002046 2 MB 0.534 05 01904 001 SCM999

SWIG FUNDING INC
6574 N STATE ROAD 7 STE 126
COCONUT CREEK FL 33073-3625

Our free Online Banking service allows you to check account balances,
transfer funds, pay bills and more. Enroll at www.bankofamerica.com.

Business Economy Checking

Account Summary Information

Statement Period	09/01/02 through 09/30/02*	Statement Beginning Balance	5,109.31
Number of Deposits/Credits	0	Amount of Deposits/Credits	0.00
Number of Withdrawals/Debits	8	Amount of Withdrawals/Debits	3,197.00
Number of Deposited Items	0	Statement Ending Balance	1,912.31
Number of Enclosures	7	Average Ledger Balance	2,637.84
Number of Days in Cycle	30	Service Charge	15.00

Withdrawals and Debits

Checks

Check Number	Amount	Date Posted	Bank Reference	Check Number	Amount	Date Posted	Bank Reference
1052	500.00	09/05	813207540118675	1058	600.00	09/06	81320724030518
1053	625.00	09/05	813207540118674	1059	70.00	09/17	81310654002792
1056 *	600.00	09/10	813106540020912	1060	250.00	09/13	81320774053671
1057	537.00	09/09	813106640729493				

* Preceding check (or checks) is outstanding, is included in summary listing, or has been included in a previous statement.

Other Debits

Date Posted	Amount	Description	Bank Reference
09/30	15.00	Monthly Maintenance Fee	

Daily Ledger Balances

Date	Balance	Date	Balance	Date	Balance
09/01	5,109.31	09/09	2,847.31	09/17	1,927.31
09/05	3,984.31	09/10	2,247.31	09/30	1,912.31
09/06	3,384.31	09/13	1,997.31		