

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

DOCUMENT # **P01000057422**

1. Entity Name  
**SWIG FUNDING, INC.**



Principal Place of Business  
6574 N STATE RD 7  
COCONUT CREEK FL 33067-3625

Mailing Address  
6574 N STATE RD 7  
COCONUT CREEK FL 33067-3625

2. Principal Place of Business  
**JAMES AS**

3. Mailing Address  
**JAMES AS**

Suite, Apt. #, etc.  
**ABOVE**

Suite, Apt. #, etc.  
**ABOVE**

City & State  
City & State

4. FEI Number **65-1110809**  Applied For  
 Not Applicable

Zip  Country Zip  Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOSKOWITZ, NEAL  
6720 NW 75 PLACE  
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name **JAMES**  
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  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **D**  
STREET ADDRESS **MOSKOWITZ, LAINE**  
CITY-ST-ZIP **3275 W HILLSBORO BLVD #207  
DEERFIELD BEACH FL 33442**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
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TITLE  Change  Addition  
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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: **SIGNATURE READS JAMES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 954 610-9663 Daytime Phone #

CR2E034 (10/02)