

FILED  
Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90119 024 \*\*\*150.00

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

**DOCUMENT #** P01000111142  
**1. Entity Name**  
SWAN ALLIANCE GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
1206 Salt Marsh Circle  
Suite, Apt. #, etc.  
**3. Mailing Address**  
1206 Salt Marsh Circle  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** Ponte Vedra Beach, FL  
**Zip** 32082  
**Country** U.S.A.  
**4. FEI Number** 22-3850854  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**  
**Name** Kathryn L. Cowling  
**Street Address (P.O. Box Number is Not Acceptable)** 1206 Salt Marsh Circle  
**City** Ponte Vedra Beach, **FL** **Zip Code** 32082

**DO NOT WRITE  
IN THIS SPACE**

**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.**  
**SIGNATURE** Kathryn L. Cowling **DATE** 4/4/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☒ **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	P. Kathryn L. Cowling	1206 Salt Marsh Circle	Ponte Vedra Beach, FL 32082
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
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TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**  
**SIGNATURE:** Kathryn L. Cowling **DATE** 4/4/02 **Daytime Phone #** 904-280-5245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)