

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

FILED

04 MAR 30 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02 0000 24194**

1. Entity Name

SWANSON AND SONS AUTOMOTIVE INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

2. Principal Place of Business

524 Paul Morris Dr.

3. Mailing Address

same

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Unit H

Suite, Apt. #, etc.

City & State
Englewood FL

City & State

4. FEI Number

03-0396781

Applied For

Not Applicable

Zip
34223

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ERIC SWANSON

Street Address (P.O. Box Number is Not Acceptable)
1051 Olive Ave

City
Englewood FL Zip Code
34223

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's 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) ☒

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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Eric Swanson 1051 Olive Ave Englewood FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Shelly Swanson 1051 Olive Ave Englewood FL 34223
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE 800031573618 03/31/04-01070-027 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 out of state empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

SWANSON AND SONS AUTOMOTIVE, INC.

.....
524 Paul Morris Drive, Unit H
Englewood, FL 34223
941-460.0667

March 23, 2004

Doc#: P02000024194

To Whom It May Concern:,

Please accept the 2003 and 2004 Uniform Business Report as timely filed with our check for \$300.00.

The 2003 UBR report was our first filing requirement. We never received the original form. During our year end review we were advised that we had not complied with this matter. Please accept the enclosed check for \$300 to reinstate our corporation.

Thank you,

A handwritten signature in black ink, appearing to be 'ES' followed by a long horizontal stroke.

Eric Swanson
President

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P02000024194*

1. Entity Name
SWANSON AND SONS AUTOMOTIVE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>524 Paul Morris Dr.</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc. <i>Unit H</i>	Suite, Apt. #, etc.
City & State <i>Englewood FL</i>	City & State
Zip <i>34223</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>03-0396781</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <i>ERIC SWANSON</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1051 Olive Ave</i>	
City <i>Englewood</i>	State <i>FL</i> Zip <i>34223</i>

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 _____ (NOTE: Signatory must be registered agent and flow if applicable) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$500.00 Amended UBR is \$60.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>PRESIDENT ERIC SWANSON 1051 OLIVE AVE Englewood FL 34223</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>VICE PRESIDENT SHELLY SWANSON 1051 OLIVE AVE Englewood FL 34223</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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 persons empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)