

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000059855

1. Entity Name
SWIFNET COMPUTER SYSTEMS, INC.



FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90063 034 ***550.00

Principal Place of Business
6080 MYRTLEWOOD ROAD
NORTH PORT FL 34287

Mailing Address
6080 MYRTLEWOOD ROAD
NORTH PORT FL 34287

2. Principal Place of Business

3. Mailing Address

4760 Payne St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port FL

4. FEI Number

03-0454766

Applied For

Not Applicable

Zip

Country

34287

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Alexander Chejlyk
Street Address (P.O. Box Number is Not Acceptable)
4760 Payne St

City

North Port

FL

Zip Code

34287

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.

PD ALEXANDER CHEJLYK

(NOTE: Registered Agent signature required when reinstating)

6/26/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CHEJLYK, ALEXANDER
STREET ADDRESS 6080 MYRTLEWOOD ROAD
CITY-ST-ZIP NORTH PORT FL 34287

TITLE
NAME
STREET ADDRESS 4760 Payne St
CITY-ST-ZIP North Port, FL 34287

TITLE VSTD
NAME CHEJLYK, SHERI
STREET ADDRESS 6080 MYRTLEWOOD ROAD
CITY-ST-ZIP NORTH PORT FL 34287

TITLE
NAME
STREET ADDRESS 4760 Payne St
CITY-ST-ZIP North Port FL 34287

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHERI CHEJLYK

6/26/03

Date

941-423-3076

Daytime Phone #

CR2E034 (10/02)