

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90273 031 ***150.00

DOCUMENT # P02000070652

1. Entity Name
SWICKLE & ROSENBLUM, P.A.



Principal Place of Business
**633 S.E. 3RD AVENUE
SUITE 301
FORT LAUDERDALE, FL 33301**

Mailing Address
**633 S.E. 3RD AVENUE
SUITE 301
FORT LAUDERDALE, FL 33301**



2. Principal Place of Business

**700 South Andrews Ave
Suite 200
Fort Lauderdale, FL**

3. Mailing Address

**700 South Andrews Ave
Suite 200
Fort Lauderdale, FL**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03 0463442

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, STUART M ESQ.
633 S.E. 3RD AVENUE
SUITE 301
FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name
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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SMITH, STUART M ESQ.**
STREET ADDRESS **633 S.E. 3RD AVENUE SUITE 301**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Partner Adam Swickle**
STREET ADDRESS **700 South Andrews Ave St 200**
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE ☐ Change ☒ Addition
NAME **Partner Randy Rosenblum**
STREET ADDRESS **700 South Andrews Ave St 200**
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)