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

P02000114019 **DOCUMENT #** 



FILED May 23, 2003 8:00 am Secretary of State

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1. Entity Name SWANSON CHARTERS, INC. Mailing Address Principal Place of Business 2400 FIRST STREET 2400 FIRST STREET SUITE 210 SUITE 210 FORT MYERS FL 33901 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 30-0125716 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent GRACE, A. DOUGLAS JR. 3 Street Address (P.O. Box Number is Not Acceptable) 2400 FIRST STREET **SUITE 210** FORT MYERS FL 33901 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D TITLE X Delete TITLE ☐ Change X Addition GRACE, A. DOUGLAS JR. Swanson, Carolyn NAME NAME 2400 FIRST STREET SUITE 210 STREET ADDRESS STREET ADDRESS 15761 Grey Friars Court FORT MYERS FL 33901 CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33912 VP/S/T/D TITLE ☐ Delete TITLE Change X Addition Swanson-Jr., Duane 8912 Cypress Preserve Place NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33912 Fort Myers, FL Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

Duane Swanson Jr., Vice President

SIGNATURE:

JUANE HOUNSON RED