2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P36832** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name SWIFT LOAN AND FINANCE CO., INC. 04-14-2000 90004 029 ***150.00 Principal Place of Business Mailing Address 1248 BROADWAY 1248 BROADWAY COLUMBUS GA 31901-2431 COLUMBUS GA 31901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-0900347 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAWELSKI, MICHAEL JAMES Street Address (P.O. Box Number is Not Acceptable) 10600 ATLANTIC BLVD. JACKSONVILLE FL 32225 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition DCP Change TITLE ☐ Delete TITLE PAWELSKI, RAY NAME NAME STREET ADDRESS STREET ADDRESS 1248 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **COLUMBUS GA** ☐ Addition Change DS ☐ Delete TITLE TITLE PAWELSKI, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 1248 BROADWAY CITY-ST-7IP* CITY-ST-ZIP **COLUMBUS GA** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAWELSKI-PRESIDENT

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