

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90014 031 \*\*\*150.00

**DOCUMENT # P40706**

1. Entity Name  
**SWIM AND SWEAT, INC.**

Principal Place of Business Mailing Address  
**39 FEED MILL PLAZA HIGHWAY 12 FLEMINGTON NJ 08822**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **39 STANGL RD**  
 Suite, Apt. #, etc.  
 City & State **FLEMINGTON, NJ**  
 Zip **08822** Country

3. Mailing Address **39 STANGL RD**  
 Suite, Apt. #, etc.  
 City & State **FLEMINGTON, NJ**  
 Zip **08822** Country

4. FEI Number **22-2926042** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BASTINELLI, WALTER, SR.**  
**11685 POINT CIRCLE DR.**  
**FT. MYERS FL 33908**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

~~FILE NOW!!! FEE IS \$150.00~~  
**After MAY 1, 2000 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>SERBINSKI, JUDY</b> <b>15 PINE HILL RD.</b> <b>ANNANDALE NJ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP</b> <b>BASTINELL, WALTER, SR.</b> <b>11685 POINT CIRCLE DR.</b> <b>FT. MYERS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Judy Serbinski **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)