

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088517

1. Entity Name  
CENTRAL SWEEPING SERVICE, INC. ✓

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90073 050 \*\*\*550.00

Principal Place of Business  
113 S DILLARD ST  
WINTER GARDEN FL 34787

Mailing Address  
113 S DILLARD ST  
WINTER GARDEN FL 34787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

771 Business Park Blvd

Suite, Apt. #, etc.

771 Business Park Blvd.

City & State

Winter garden Fl

City & State

Winter garden Fl

Zip

34787

Country

Orange

Zip

34787

Country

Orange

4. FEI Number

59-3216177

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

SWATKOWSKI, DOUG  
79 MAIN STREET  
WINDERMERE FL 34786

Name Swatkowski, Douglas S.

Street Address (P.O. Box Number is Not Acceptable)

79 main street

City Windermere

FL

Zip Code 34786

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 Doug Swatkowski President

Doug Swatka

9-1-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | SWATKOWSKI, RAYMOND G |  |
| STREET ADDRESS | 79 MAIN STREET        |  |
| CITY-ST-ZIP    | WINDERMERE FL 34786   |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | President               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Doug Swatkowski         |  |
| STREET ADDRESS | 771 Business Park Blvd. |  |
| CITY-ST-ZIP    | Winter garden Fl 34787  |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

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:

Doug Swatkowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-00

Date

407-298-5930

Daytime Phone #

CR2E034 (5/00)