

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065886

1. Entity Name

SWANEY & ASSOCIATES OF FLORIDA, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90095 022 ***150.00

Principal Place of Business

Mailing Address

C0072773

2. Principal Place of Business
4675 Ponce de Leon Blvd.

3. Mailing Address
4675 Ponce de Leon Blvd

Suite, Apt. #, etc.
Suite 305

Suite, Apt. #, etc.
Suite 305

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
65-0522675

Applied For
Not Applicable

Zip Country
33146 Miami-Dade

Zip Country
33146 USA

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

Stinson, Louis, Jr.
4675 Ponce de Leon Boulevard
Suite 305
Coral Gables, FL 33146

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

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 \$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	P	<input type="checkbox"/> Delete
NAME	Swaney, Stephen, K.	
STREET ADDRESS	3666 Klebba LN	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Swaney, Sally	
STREET ADDRESS	3666 Klebba LN	
CITY-ST-ZIP	Coconut Grove, FL 33133	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swaney, Stephen, K.	
STREET ADDRESS	4675 Ponce de Leon Boulevard, #305	
CITY-ST-ZIP	Miami, FL 33146	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swaney, Sally	
STREET ADDRESS	3801 Battersea Road	
CITY-ST-ZIP	Miami, FL 33133	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stinson, Louis, Jr.	
STREET ADDRESS	4675 Ponce de Leon Blvd. Suite 305	
CITY-ST-ZIP	Miami, FL 33146	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

305-667-7571

CR2E034 (9/99)