

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90152 025 \*\*\*150.00

0256765 AV

**DOCUMENT # P94000065886**

1. Entity Name

**SWANEY & ASSOCIATES OF FLORIDA, INC.**



Principal Place of Business

**4675 PONCE DE LEON BLVD**

**SITE 305**

**MIAMI FL 33146**

**US**

Mailing Address

**4675 PONCE DE LEON BLVD**

**STE 305**

**MIAMI FL 33146**

**US**



2. Principal Place of Business

**2199 Ponce de Leon Blvd**

**Suite, Apt. #, etc.**

**Suite 301**

**City & State**

**Coral Gables FL**

**Zip**

**33134**

**Country**

**USA**

3. Mailing Address

**2199 Ponce de Leon Blvd**

**Suite, Apt. #, etc.**

**Suite 301**

**City & State**

**Coral Gables FL**

**Zip**

**33134**

**Country**

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0522675**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STINSON, LOUIS JR**

**4675 PONCE DE LEON BLVD**

**SUITE 305**

**CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **Stewart April services**

Street Address (P.O. Box Numbers Not Acceptable)

**2199 Ponce de Leon Blvd**

**Suite 301**

City **Coral Gables**

**FL**

Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Stephen Swaney* **manager**

**3/28/03**

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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SWANEY, STEPHEN K**  
STREET ADDRESS **4675 PONCE DE LEON BLVD #305**  
CITY-ST-ZIP **MIAMI FL 33146**

TITLE **S** ☐ Delete  
NAME **STINSON, LOUIS JR**  
STREET ADDRESS **4675 PONCE DE LEON BLVD #305**  
CITY-ST-ZIP **MIAMI FL 33146**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Swaney Stephen K**  
STREET ADDRESS **2199 Ponce de Leon Blvd**  
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE **S** ☒ Change ☐ Addition  
NAME **Stinson, Louis Jr**  
STREET ADDRESS **2199 Ponce de Leon Blvd**  
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Stephen Swaney* **STEPHEN SWANEY PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/03**

Date

**202 352 3262**

Daytime Phone #

CR2E034 (10/02)