

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

KWINKZ KORP., INC.

P94000087063

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90023 021 ***550.00

00072459

DO NOT WRITE IN THIS SPACE

Principal Place of Business

390 N. Orange Avenue
Suite 2500
Orlando, FL 32801

Mailing Address

~~same~~
317 Enterprise St.
Suite A
Orlando FL 32761

2. Principal Place of Business

3. Mailing Address

317 Enterprise St.

Suite, Apt. #, etc.
Orlando FL

City & State

32761

Zip

Country

Orange

4. FEI Number

59-3285521

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

Stephen G. Salley
390 N. Orange Avenue
Suite 2500
Orlando, Florida 32801

Name

S. Wayne Swearingen

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

317 Enterprise Street

Suite A

City

Orlando

FL

Zip Code
32761

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

S. Wayne Swearingen

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

TITLE President
NAME S. Wayne Swearingen
STREET ADDRESS 8866 Darlene Drive
CITY-ST-ZIP Orlando, Florida 32836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

S. Wayne Swearingen

7-12-00

Date

Daytime Phone #

407-869-3520

CR2E034 (9/99)