

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90383 011 \*\*\*150.00

**DOCUMENT # P95000004219**

1. Entity Name  
**SWANN & HADLEY, P.A.**



Principal Place of Business  
**1031 W MORSE BLVD  
STE 160  
WINTER PARK FL 32789  
US**

Mailing Address  
**1031 W MORSE BLVD  
STE 160  
WINTER PARK FL 32789  
US**

2. Principal Place of Business  
**1031 W. Morse Blvd.  
Suite, Apt. #, etc.  
Suite 350**

3. Mailing Address  
**1031 W. Morse Blvd.  
Suite, Apt. #, etc.  
Suite 350**

City & State  
**Winter Park, FL**

City & State  
**Winter Park, FL**

4. FEI Number  
**59-3291351**

Applied For  
Not Applicable

Zip  
**32789**

Country  
**USA**

Zip  
**32789**

Country  
**USA**

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**HADLEY, RALPH V III  
1031 WEST MORSE BLVD.  
SUITE 160  
WINTER PARK FL 32789-3750**

## 7. Name and Address of New Registered Agent

Name  
**Hadley, Ralph V III**  
Street Address (P.O. Box Number is Not Acceptable)  
**1031 W. Morse Blvd.  
Suite 350**  
City  
**Winter Park FL 32789**

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

(NOTE: Registered Agent signature required when reinstating)

4-10-03

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
SWANN, RICHARD R  
1031 W MORSE BLVD STE 160  
WINTER PARK FL 32789-3750** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
HADLEY, RALPH V III  
1031 W MORSE BLVD STE 160  
WINTER PARK FL 32789-3750** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

(407)647-2777

Daytime Phone #

CR2E034 (10/02)