FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 20, 2001 8:00 am DOCUMENT # P96000035818 Secretary of State 1. Entity Name ERIC SWATEK, INC. 01-20-2001 90022 035 \*\*\*150.00 Principal Place of Business Mailing Address 505 MANATEE COURT 505 MANATEE COURT VENICE FL 34285 VENICE FL 34285 US 2. Principal Place of Business 324 Pance de Leon 3. Mailing Address 324 Ponce de Leon Nenve Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0672951 enice Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWATEK SWATEK, ERIC Street Address (P.O. Box Number is Not Acceptable) 324 Ponce de Leon Avenue **505 MANATEE CT** VENICE FL 34285 Venice, FL 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 f registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE SWATEK, ERIC ERIC SWATEK NAME NAME **505 MANATEE CT** 324 Pance de Leur Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 Venice, FL 34295 Delete TITLE Addition NAME NAME MICHELE SWATEK 324 Amce de Leon Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Venice, FL 34285 TITLE Delete \_\_. TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.