## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 09, 2001 8:00 am Secretary of State DOCUMENT # **P9600076053** SWIM DEPOT, INC. 02-09-2001 90144 001 \*1,200.00 Principal Place of Business Mailing Address 1806 38TH AVENUE EAST 1806 38TH AVENUE EAST **BRADENTON FL 34208 BRADENTON FL 34208** 25446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0730311 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Galizia BEALL, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 1806 38 AVE E. **BRADENTON FL 34208** 38# 1806 East AVE. Zip Code **3**42*0*8 Bradenton 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. 1/22/01 SIGNATURE 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEALL, ROBERT M II STREET ADDRESS 1806 38 AVE E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME GALIZIA, PAUL NAME STREET ADDRESS 1806 38 AVE E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** TITLE VPST -☐ Delete TITLE ☐ Addition NAME KNOPIK, STEVE NAME - \_\_ -STREET ADDRESS STREET ADDRESS 1806 38TH AVE. E CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. SIGNATURE: TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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