

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90231 014 ***150.00

DOCUMENT # P96000081393

1. Entity Name
SWICK REALTY, INC.

Principal Place of Business

**14825 N.W. 140TH STREET
 ALACHUA FL 32615**

Mailing Address

**POST OFFICE BOX 2289
 ALACHUA FL 32615**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18604 N.W. CO. RD. 239

3. Mailing Address

P.O. BOX 516

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua, FL.

City & State

Alachua, FL.

4. FEI Number

59-3403758

Applied For

Not Applicable

Zip

32615

Country

USA

Zip

32616

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWICK, JAMES J II
 14825 N.W. 140TH STREET
 ALACHUA FL 32615**

7. Name and Address of New Registered Agent

Name **JAMES J. SWICK, II**

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

18604 N.W. Co. Rd. 239

City **ALACHUA**

FL

Zip Code

32615

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

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, 2002 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 **P** ☐ Delete
 NAME **SWICK, SHERRY S**
 STREET ADDRESS **14204 N.W. 154TH TERRACE**
 CITY-ST-ZIP **ALACHUA FL**

TITLE **ST** ☐ Delete
 NAME **SWICK, JAMES J II**
 STREET ADDRESS **1420 N.W. 154TH TERR**
 CITY-ST-ZIP **ALACHUA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Sherry S. Swick**
 STREET ADDRESS **18604 N.W. Co Rd. 239**
 CITY-ST-ZIP **Alachua, FL. 32615**

TITLE ☒ Change ☐ Addition
 NAME **James J. Swick, II**
 STREET ADDRESS **18604 NW Co. Rd. 239**
 CITY-ST-ZIP **Alachua, FL. 32615**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: **SIGNATURE REQUIRED** **Sherry S. Swick** **4/29/02** **386-462-5442**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)