

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90130 047 ***150.00

DOCUMENT # P97000010810

1. Entity Name

SWAMP BOY, INC.

Principal Place of Business

Mailing Address

25 N FEDERAL HWY
~~SUITE 232~~
 DANIA FL 33004
 US

P O BOX 1814
 SUITE 232
 DANIA FL 33004
 US

2. Principal Place of Business

3. Mailing Address

25 N FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DANIA, FL.

33004

Country

Zip

Country

4. FEI Number

65-0740125

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

WOHL, BENJAMIN
 25 N FEDERAL HWY
~~SUITE 232~~
 DANIA FL 33004

Name

WOHL, BENJAMIN

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

25 N. Fed. Hwy.

City

DANIA Beach

FL

Zip Code

33004

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

BENJAMIN WOHL, U.P.

1/22/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOHL, TAMARA	
STREET ADDRESS	P O BOX 1814 N/A	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WOHL, BENJAMIN	
STREET ADDRESS	P O BOX 1814 N/A	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

BENJAMIN WOHL, U.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/01 (954) 927-1140

CR2E034 (10/00)