

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024146

1. Entity Name

CAROLANN AUSTIN SWANSON, P.A.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90201 010 ***150.00

Principal Place of Business

10075 PENNSYLVANIA AVE
BONITA SPANKS FL 34135
US

Mailing Address

P.O. BOX 1179
FT MYERS FL 33902
US

2. Principal Place of Business

158 N.W. 20th STR.

3. Mailing Address

PO Box 900830

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

City & State

HOMESTEAD FL

4. FEI Number

65-0738501

Applied For

Not Applicable

Zip

33030

Country

USA

Zip

33090-0830

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWANSON, CAROLANN A
10075 PENNSYLVANIA AVE
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

CAROLANN A. SWANSON

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

158 NW 20th STREET

City

HOMESTEAD

FL

Zip Code
33030

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 Carolann A. Swanson

CAROLANN A. SWANSON

12/30/00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SWANSON, CAROLANN A
CITY-ST-ZIP 10075 PENNSYLVANIA AVE 158 NW 20th STR
BONITA SPRINGS FL 34135 HOMESTEAD FL 33030

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Carolann A. Swanson

CAROLANN A. SWANSON

12/30/00

305-245-9343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)