

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028565

1. Entity Name

SWR, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90027 048 \*\*\*150.00

Principal Place of Business

Mailing Address

C/I ROBERT A. COOKE  
851 BULKHEAD RD  
GREEN COVE SPRINGS FL 32043

60 CANTERBURY COURT  
STE 610  
ORANGE PARK FL 32065-7290  
US

2. Principal Place of Business

876 BELLE WOOD CIRCLE

3. Mailing Address

411 WALNUT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 610

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

CLAY

Zip

32043

Country

CLAY



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3436036

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

COOKE, ROBERT A  
C/I ROBERT A. COOKE  
851 BULKHEAD RD  
GREEN COVE SPRINGS FL 32043

Name

ROBERT A. COOKE

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

876 BELLE WOOD CIRCLE

City

GREEN COVE SPRINGS FL

Zip Code

32043

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 Robert A. Cooke ROBERT A. COOKE 4/14/2000

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, 2000 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 PTD  
NAME COOKE, ROBERT A.  
STREET ADDRESS 851 BULKHEAD RD  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE PTD  
NAME ROBERT A. COOKE  
STREET ADDRESS 876 BELLE WOOD CIRCLE  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 ☐ Change ☐ Addition

TITLE SD  
NAME COOKE, CAROLYN C.  
STREET ADDRESS 851 BULKHEAD RD  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE SD  
NAME CAROLYN C COOKE  
STREET ADDRESS 876 BELLE WOOD CIRCLE  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Robert A. Cooke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

904-284-2075

Daytime Phone #

CR2E034 (9/99)