

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90081 002 \*\*\*150.00

DOCUMENT # P97000033809

1. Entity Name

SWISS-FLORIDA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

424 S.W. 37TH TERRACE  
 CAPE CORAL FL 33914

424 S.W. 37TH TERRACE  
 CAPE CORAL FL 33914-5852

00326119

2. Principal Place of Business

3. Mailing Address

879-B Miramar St.  
 Suite, Apt. #, etc.

557 6th Ave N  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Cape Coral, FL  
 Zip  
 33904  
 Country  
 USA

City & State  
 St. Petersburg, FL  
 Zip  
 33701  
 Country  
 Pine Har

4. FEI Number 65-0761979

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

DESBAILLET, ANETTE  
 424 S.W. 37TH TERRACE  
 CAPE CORAL FL 33914

Name  
 Anette Desbaillets  
 Street Address (P.O. Box Number is Not Acceptable)  
 557 6th Ave N  
 City  
 St. Petersburg FL Zip  
 33701

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 *Anette Desbaillets* Anette Desbaillets 1-6-2000  
 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVTS<br>DESBAILLET, ANETTE<br>424 S.W. 37TH TERRACE<br>CAPE CORAL FL 33914 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DESBAILLET, ANETTE<br>424 S.W. 37TH TERRACE<br>CAPE CORAL FL 33914    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | same<br>557 6th Ave N<br>St. Petersburg, FL 33701 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | same<br>557 6th Ave N<br>St. Petersburg, FL 33701 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Anette Desbaillets* Anette Desbaillets 1-8-00 (941) 541 8111  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CE 10:14 19/99