

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037061

1. Entity Name

GROUND SWELL ENTERPRISES, INC.

*R*

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90088 017 \*\*\*150.00

Principal Place of Business

5312 SW 83TH CT  
GAINESVILLE FL 32608  
US

Mailing Address

5745 SW 75TH ST  
PMB 317  
GAINESVILLE FL 32608  
US

00000110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CONSTANT, MARK**  
**5312 SW 88 CT**  
**GAINESVILLE FL 32608**

Name

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

City

**FL**

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST**  
**HAMMERSLEY, RICHARD**  
**PO BOX 44**  
**GRENADA, WEST INDIES ST GE-ORGE**

☐ Delete

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

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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:

*Richard Hammersley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/10/00*  
Date

Daytime Phone #

CR2E034 (1/00)

P97000037061

AB068113

Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

July 10, 2000

To whom it may concern:

On July 8, 2000 I received the "Second Notice" 2000 Uniform Business Report. When I inquired about the first form, which would have allowed me to file on time, the state representative instructed me to send this letter along with the original \$150.00 fee.

Should you require additional information, please contact me at the address shown below or at my telephone (352) 375-1169.

Sincerely,



Mark Constant  
Ground Swell Enterprises, Inc.  
Dba Beacon Data Services, Inc.