

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000043003**

1. Entity Name
Swander Enterprises Inc. *ML*

FILED
Jul 19, 2000 8:00 am
Secretary of State
07-19-2000 90004 025 ***150.00

Principal Place of Business Mailing Address

Guardian Angel Preschool
31 S. Melbourne St. Beverly Hills FL

2. Principal Place of Business **Above** 3. Mailing Address **Above**

Suite, Apt. #, etc.

A0067950

DO NOT WRITE IN THIS SPACE

City & State **Beverly Hills FL** City & State **Beverly Hills FL** 4. FEI Number **59-3313749** Applied For ☐ Not Applicable ☒

Zip **34465** Country **U.S.A.** Zip **34465** Country **U.S.A.** 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **Swander, Mark A**
5500 N. Lecanto Hwy
Beverly Hills, FL 34465

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

☒ 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 _____ (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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Mark Swander		STREET ADDRESS		
CITY-ST-ZIP	5500 N. Lecanto Hwy		CITY-ST-ZIP		
	Beverly Hills, FL 34465				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VT5 Heidi K. Swander		STREET ADDRESS		
CITY-ST-ZIP	180 N. Highview Ave		CITY-ST-ZIP		
	Hernando, FL				
	34442				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Heidi K. Swander** **May 1st 2000** or **9564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **(352) 746-4888**

CR2E034 (9/99)

P97 000043003

A0007950

SWANDER ENTERPRISE
31 S MELBOUNRE ST
BEVERLY HILLS, FL 34465

Request taken by: yfisher
07-03-2000

The forms you recently requested from this office are:

-
- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Dear Corporations -

Please accept our payment of
150.00 for our corporation. I truly
never received pay notice, to
remind me of the dues. Thank
you for your time.

Sincerely,
Heidi Swander