

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064804

1. Entity Name

MICHAEL C. SWEARINGEN RESEARCH, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90410 028 \*\*\*150.00

Principal Place of Business

2712-212 SW 34TH ST  
GAINESVILLE FL 32608  
US

Mailing Address

2712-212 SW 34TH ST  
GAINESVILLE FL 32608  
US

2. Principal Place of Business

1541 Orchardgrove Ave

Suite, Apt. #, etc.

3. Mailing Address

1541 Orchardgrove Ave

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34655

Country

USA

Zip

34655

Country

USA

4. FEI Number

59-3461536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SWEARINGEN, MICHAEL C  
2712-212 SW 34TH ST  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name Swearingen, Michael C

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

1541 Orchardgrove Ave

City

New Port Richey

FL

Zip Code

34655

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

Michael C Swearingen, President

4/29/01

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 P ☐ Delete  
NAME SWEARINGEN, MICHAEL C  
STREET ADDRESS 2712 S.W. 34TH STREET, APT 212  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☐ Addition  
NAME Swearingen, Michael C  
STREET ADDRESS 1541 Orchardgrove Ave  
CITY-ST-ZIP New Port Richey, FL 34655 ☒ Change of Address

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

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

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

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

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:

Michael C Swearingen, President

4/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)