

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90185 034 ***150.00

DOCUMENT # P97000074306

1. Entity Name
SWANEPOEL REALTY INC.

Principal Place of Business

Mailing Address

~~243 CANTERBURY CIRCLE~~
PALM BEACH GARDENS FL 33418

~~243 CANTERBURY CIRCLE~~
PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

897 AUGUSTA POINTE DR.
 Suite, Apt. #, etc.
PALM BEACH GARDENS
 City & State
FLORIDA

897 AUGUSTA POINTE DR.
 Suite, Apt. #, etc.
PALM BEACH GARDENS
 City & State
FLORIDA

4. FEI Number **65-0777970**

Applied For
 Not Applicable

Zip **33418** **Country** **PALM BEACH**

Zip **33418** **Country** **PALM BEACH**

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

SWANEPOEL, CATHERINE T

~~243 CANTERBURY CIRCLE~~ **897 AUGUSTA POINTE DR.**
PALM BEACH GARDENS FL 33418

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 *Catherine T. Swanepoel* **CATHERINE T. SWANEPOEL** **4/15/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P <input type="checkbox"/> Delete
NAME	SWANEPOEL, CATHERINE T
STREET ADDRESS	243 CANTERBURY CIR
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	P <input type="checkbox"/> Delete
NAME	CATHERINE T. SWANEPOEL
STREET ADDRESS	897 AUGUSTA POINTE DR.
CITY-ST-ZIP	PALM BEACH GARDENS FL. 33418
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Catherine T. Swanepoel* **CATHERINE T. SWANEPOEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)