

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000080448**

1. Entity Name
HELGE SWANSON AND ASSOCIATES, INC.



Principal Place of Business
1230 N ADAMS ST
TALLAHASSEE FL 32303

Mailing Address
834 WATT DR.
TALLAHASSEE FL 32303

2. Principal Place of Business

1208 HAYS ST.

Suite, Apt. #, etc.

3. Mailing Address

2973 GIVERNY CIR.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE, FL

Zip **32301**

Country

Zip **32309**

Country

4. FEI Number

59-3499957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWANSON, HELGE R
834 WATT DR.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name _____

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

**2973 GIVERNY CIRCLE
TALLAHASSEE**

City

FL Zip Code **32309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Helge R. Swanson*

1/14/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **SWANSON, HELGE R**
STREET ADDRESS **834 WATT DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

**2973 GIVERNY CIRCLE
TLL FL 32309**

TITLE **VP**
NAME **SWANSON, CAROL**
STREET ADDRESS **834 WATT DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

**2973 GIVERNY CIRCLE
TLL. FL. 32309**

TITLE **BM**
NAME **SWANSON, RUSSELL H**
STREET ADDRESS **834 WATT DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

**1917 ATAPHA NENE
TLL FL 32301**

TITLE **BM**
NAME **WHITE SWANSON, BARBARA**
STREET ADDRESS **2428 WREN HOLLOW DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Delete

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helge R. Swanson*

1/14/03 224-0501

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (10/02)

01-15-2003 90299 001 ***150.00