

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000104832**

1. Entity Name

PILLER SWAFORD GROUP, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90071 048 ***150.00

Principal Place of Business

**3425 THOMASVILLE RD.
TALL FL 32308**

Mailing Address

**3907 DUNLEER CT.
TALL FL 32308**

2. Principal Place of Business

1415 TIMBERLAKE RD

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE

City & State

FLA

4. FLE Number **59-3482292**

Applied For

Not Applicable

Zip

Country

USA

Zip

32312

Country

LEON

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWAFORD, MELINDA Piller
3907 DUNLEER COURT
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 of individual or authorized representative of registered agent and the principal

(NOTE: Registered Agent's signature required when reinstated)

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	PILLER, MELINDA	
STREET ADDRESS	3907 DUNLEER COURT	
CITY-STATE-ZIP	TALL FL 32308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 637, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melinda Piller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 850/8942583

CR2E034 (10-00)