

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055691

1. Entity Name
SWINGIN' WILLIE, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90023 043 ***150.00

Principal Place of Business
4507 WEST DALE AVENUE
TAMPA FL 33609

Mailing Address
4507 WEST DALE AVENUE
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0850873

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STRASKE, STEPHEN B II
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

Name THOMAS W. BLACK
Street Address (P.O. Box Number is Not Acceptable)
101 E. KENNEDY BLVD.
SUITE 3700
City TAMPA FL Zip Code 33602

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 *Thomas W. Black*

3/13/01
DATE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BLACK, REBECCA A 4507 W. DALE AVE TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Rebecca A. Black*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REBECCA A. BLACK 3-22-01 813-287-2062
PRESIDENT Date Daytime Phone #

CR2E034 (10/00)