

2000 UNIFORM BUSINESS REPORT (UBR)

6/5

FILED

Jul 06, 2000 8:00 am
Secretary of State

06-05-2000 90017 036 ***150.00

DOCUMENT #

1. Entity Name

Swirl 360 INC

PA8000067336

Principal Place of Business

*2867 Marion Ct.
Orange Park FL 32065*

Mailing Address

*4045 vine land AVE #307
Studio City CA 91604*

2. Principal Place of Business

2867 Marion Ct

3. Mailing Address

4045 vine land AVE #307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

DO NOT WRITE IN THIS SPACE

City & State

Orange Park FL

City & State

Studio City CA

4. FEI Number

Applied For

Not Applicable

Zip

Country

32065 USA

Zip

Country

91604 USA

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

RAX CO.

Name

Roy Scott

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

2867 Marion Ct

City

Orange Park

FL

Zip Code

32065

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Charles D. Scott

Date

Daytime Phone #

4/26/00 4657

CR2E034 (9/99)