

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100600

1. Entity Name

SWANSON NORTHEY & ASSOCIATES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90127 034 ***150.00

Principal Place of Business

10113 BISHOP LAKE RD. WEST
JACKSONVILLE FL 32256

Mailing Address

10113 BISHOP LAKE RD. WEST
JACKSONVILLE FL 32256-3411

2. Principal Place of Business

257 KINARD RD
Suite, Apt. #, etc.

3. Mailing Address

10747 FOLKSTONE WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRYCEVILLE, FL

City & State

WOODSTOCK MD

4. FEI Number

59-3551205

Applied For

Not Applicable

Zip

Country

32009 USA

Zip

Country

21163 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

SWANSON, GAYLORD L
10113 BISHOP LAKE RD. WEST
JACKSONVILLE FL 32256

Name

WILBUR & ALLEN

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

112 WEST ADAMS ST
#1700

City

JACKSONVILLE

FL

Zip Code

32202

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

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 DP ☐ Delete
NAME SWANSON, LINDA
STREET ADDRESS 10113 BISHOP LAKE RD. WEST
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DTS ☐ Delete
NAME SWANSON, GAYLORD L
STREET ADDRESS 10113 BISHOP LAKE RD. WEST
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME NORTHEY, KAREN
STREET ADDRESS 270 KINARD RD.
CITY-ST-ZIP BRYCEVILLE FL 32009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NORTHEY, JAMES
STREET ADDRESS 270 KINARD RD.
CITY-ST-ZIP BRYCEVILLE FL 32009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gaylord L. Swanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

410 970 4493

Daytime Phone

CR2E034 (9/99)