

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90068 039 \*\*\*150.00

0064232 AV

**DOCUMENT # P98000102589**

1. Entity Name  
**LANA SWANSON, P.A.**



Principal Place of Business  
**11910 SW 78TH TERRACE  
MIAMI FL 33183**

Mailing Address  
**11910 SW 78TH TERRACE  
MIAMI FL 33183**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0880866**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWANSON, LANA  
11910 SW 78TH TERRACE  
MIAMI FL 33183**

Name

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

City

**FL**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME ☐ Delete  
**P SWANSON, LANA**  
STREET ADDRESS  
**11910 SW 78 TER**  
CITY-ST-ZIP  
**MIAMI FL 33183**

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**Signature of LANA SWANSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/29/03**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80134811  
# P98000102589

**COLDWELL BANKER**

12695 S. DIXIE HWY.  
MIAMI, FLA 33156  
PHONE: (305) 235-3411  
FAX: (305) 255-8814  
LJSREALTOR@AOL.COM

Division Of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Florida 32302-1500


July 29, 2003

To Whom It May Concern,

I am returning the signed form for the UBR with a check in the amount of \$150.00. I never received a form prior to this one. Please note that I am very conscientious about paying my bills (especially anything owed to the government) and I would not have knowingly made a late payment. I would greatly appreciate it if you would waive the late fee and accept this payment of \$150.00.

Thank you very much.

Sincerely,

  
Lana Swanson