

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009412

1. Entity Name

FLORIDA SWAMPLAND COMPANY

Principal Place of Business

Mailing Address

1168 LAKE MCGREGOR DRIVE  
SUITE 1A  
FORT MYERS FL 3399

1168 LAKE MCGREGOR DRIVE  
SUITE 1A  
FORT MYERS FL 33919-6262

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33919

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAFT, KIT  
1168 LAKE MCGREGOR DRIVE  
SUITE 1A  
FORT MYERS FL 3399

33919

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.

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/T/S/V/C/M  
KIT KRAFT FORT MYERS FL 33919  
1168 LAKE MCGREGOR DR. STE 1A

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HELGA KRAFT  
38 RED POINSIANNA DR.  
FORT MYERS, FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

(941) 437-8

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 23 AM 11:02



DO NOT WRITE IN THIS SPACE

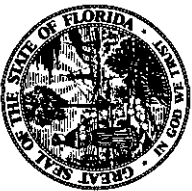
4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

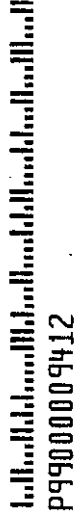
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS

94321



TO: 0468838 AF \*\*AUTO T4 3 1201 33919-626211



P99000009412

FLORIDA SWAMPLAND COMPANY  
1168 LAKE MCGREGOR DRIVE  
SUITE 1A  
FORT MYERS FL 3399

Finally got my hands on it <sup>(2)</sup>  
NOTE THE INCOMPETE ZIP