

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 15, 2002 8:00 am
Secretary of State**DOCUMENT # P99000009412****1. Entity Name**
FLORIDA SWAMPLAND COMPANY

09-15-2002 90093 032 ***550.00

Principal Place of Business
1168 LAKE MCGREGOR DRIVE
SUITE 1A
FORT MYERS FL 33919**Mailing Address**
1168 LAKE MCGREGOR DRIVE
SUITE 1A
FORT MYERS FL 33919

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 65-0983999

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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 PTSV
STREET ADDRESS KRAFT, KIT
CITY-ST-ZIP 1168 LAKE MCGREGOR DR, STE 1A
FORT MYERS FL 33919 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME CM
STREET ADDRESS KRAFT, KIT
CITY-ST-ZIP 1168 LAKE MCGREGOR DR, STE 1A
FORT MYERS FL 33919 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME D
STREET ADDRESS KRAFT, HELGA
CITY-ST-ZIP 38 RED POINSIANNA DR
FORT MYERS FL 33919 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**9/12/02 (239)
437-8256

CR2E034 (4/02)