

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90118 012 ***150.00

DOCUMENT # P99000027401

1. Entity Name

SWISS LABORATORIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9109 SW 93RD CIRCLE

3. Mailing Address

9109 SW 93RD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

4. FEI Number

59-3565991

Applied For

Not Applicable

Zip

34481-6515

Country

U.S.A.

Zip

34481-6515

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ARMIDA M. STEVENS

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

9109 SW 93RD CIRCLE

City OCALA

FL

Zip Code

34481-6515

**DO NOT WRITE
IN THIS SPACE**

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 ARMIDA M. STEVENS, CEO

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

(NOTE: Registered Agent signature required when reinstating)

5-17-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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

TITLE C.E.O. AND CHAIRMAN-TSD
NAME ARMIDA M. STEVENS
STREET ADDRESS 9109 SW 93RD CIRCLE
CITY-ST-ZIP OCALA, FLORIDA 34481-6515

TITLE PRESIDENT
NAME IRVING SCHWARTZ
STREET ADDRESS 9109 SW 93RD CIRCLE
CITY-ST-ZIP OCALA, FL 34481-6515

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (352)873-7840

Date

Daytime Phone #

CR2E034B (12/01)