

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90228 023 \*\*\*150.00

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DOCUMENT # P99000040051

1. Entity Name  
SWB REALTY, INC.



Principal Place of Business  
~~19000 US 1, #504 NORTH~~  
~~TEQUESTA FL 33469~~

Mailing Address  
~~19000 US 1, #504 NORTH~~  
~~TEQUESTA FL 33469~~

11016395



2. Principal Place of Business  
8392 SE Paurotis Ln

3. Mailing Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Hobe Sound

City & State

4. FEI Number 65-0920017

Applied For  
Not Applicable

Zip  
FL

Country  
FL

Zip  
33455

Country  
MORTIN

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

BOYNTON, STEPHEN W  
~~19000 US 1, #504 NORTH~~  
~~TEQUESTA FL 33469~~

8392 SE Paurotis Ln  
Hobe Sound FL 33455

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 STEPHEN W. Boynton Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS BOYNTON, STEPHEN W  
CITY-ST-ZIP 19000 US 1, #504 NORTH 8392 SE Paurotis Ln  
TEQUESTA FL 33469 Hobe Sound FL 33455

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

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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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/03

772/781-1551

CR2E034 (10/02)