

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000049437**

1. Entity Name

SWAFFORD PAINTING, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90113 026 ***150.00

Principal Place of Business

2218 WEST CAROL CIRCLE
WEST PALM BEACH FL 33415

Mailing Address

2218 WEST CAROL CIRCLE
WEST PALM BEACH FL 33415-7347

2. Principal Place of Business

2218 West Carol Circle

Suite, Apt. #, etc.

West Palm Beh.

City & State

FL

Zip

33415

Country

U.S.

3. Mailing Address

2218 West Carol Circle

Suite, Apt. #, etc.

West Palm Beh.

City & State

FL

Zip

33415

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0927759

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MONESCALCHI, RICHARD J
6894 LAKE WORTH ROAD SUITE 203
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

Same

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **SWAFFORD, JOHN R**
STREET ADDRESS **2218 WEST CAROL CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**TITLE **VSD** ☐ Delete
NAME **SWAFFORD, JOHN W**
STREET ADDRESS **576 NEPTUNE STREET**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 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

John R. Swafford

Date

1-27-00

Daytime Phone #

(561) 967-1821