

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90209 024 \*\*\*550.00

**DOCUMENT # P99000049437**

1. Entity Name  
**SWAFFORD PAINTING, INC.**

Principal Place of Business  
**2218 WEST CAROL CIRCLE**  
**WEST PALM BEACH FL 33415**

Mailing Address  
**2218 WEST CAROL CIRCLE**  
**WEST PALM BEACH FL 33415**

2. Principal Place of Business  
**2844 DOLHAN CIRCLE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2844 DOLHAN CIRCLE**  
 Suite, Apt. #, etc.

City & State  
**WEST PALM BEACH, FL**  
 Zip  
**33406**  
 Country  
**USA**

City & State  
**WEST PALM BEACH, FL**  
 Zip  
**33406**  
 Country  
**USA**

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  
 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**

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-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PTD** ☒ Change ☐ Addition  
 NAME **SWAFFORD, JOHN R**  
 STREET ADDRESS **2844 DOLHAN CIRCLE**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **VSD** ☒ Change ☐ Addition  
 NAME **SWAFFORD, JAMES W.**  
 STREET ADDRESS **5721 ALBERT RD**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/2/02**  
**JOHN R SWAFFORD, PRES.** **561**  
**722-9713**  
 Date Daytime Phone #

CR2E034 (4/02)