

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90815 005 ***150.00

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DOCUMENT # P99000049437

1. Entity Name
SWAFFORD PAINTING, INC.



Principal Place of Business
**2844 DOLPHIN CIRCLE
WEST PALM BEACH FL 33406**

Mailing Address
**2844 DOLPHIN CIRCLE
WEST PALM BEACH FL 33406**

10095846



2. Principal Place of Business
2532 SE Berkshire Blvd

3. Mailing Address
2532 SE Berkshire Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Port St. Lucie, FL
Zip
34952
Country
USA

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Port St. Lucie, FL
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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

7. Name and Address of New Registered Agent

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

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 _____

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
SWAFFORD, JOHN R
2844 DOLPHIN CIRCLE
WEST PALM BEACH FL 33406** ☒ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTSD
Swafford James W.
2532 SE Berkshire Blvd.
Port St. Lucie, FL 34952** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE: **James W. Swafford**
Typed or Printed Name of Officer or Director

4-26-03 **772-337-4265**
Date Daytime Phone #

CR2E034 (10/02)