

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 21, 2002 8:00 am  
Secretary of State

05-21-2002 91190 005 \*\*\*150.00

DOCUMENT # P99000064465

1. Entity Name

SWIG, INC.

663496

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

111 GRANADA COURT

3. Mailing Address

111 GRANADA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO, FLORIDA

City & State  
ORLANDO, FLORIDA

4. FEI Number  
59-3589123

Applied For  
Not Applicable

Zip  
32803

Country  
U.S.A.

Zip  
32803

Country  
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional

7. Name and Address of Current Registered Agent

Name  
SAUTTER, C. CHRISTIAN ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
2900 E. OAKLAND PARK BLVD.

SUITE 200

City  
FORT LAUDERDALE

FL Zip Code  
33306

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

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
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 NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR SMOTHERMAN, J. SCOT 615 CHEROKEE CIRCLE ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR WILSON, JAMES 164 S. TESSIER DRIVE ST PETERSBURG BEACH, FL 33706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR INGERTO, SCOTT 7 SARANAC ROAD FT. LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR GUITIERREZ, JOHN 5767 SW 89TH LANE COOPER CITY, FL 33328	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #