

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-03-2002 90154 027 ***150.00

DOCUMENT # P990000091408

1. Entity Name

SWIM, INC.

Principal Place of Business

**6767 MAUNA LOA BLVD.
 SARASOTA FL 34241**

Mailing Address

**6767 MAUNA LOA BLVD.
 SARASOTA FL 34241**

2. Principal Place of Business

4519 Northgate Ct.

Suite, Apt. #, etc.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34234

Country

Sarasota

Zip

34234

Country

USA

4. FEI Number

65-1019742

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, DANNIE S
 6767 MAUNA LOA BLVD.
 SARASOTA FL 34241**

7. Name and Address of New Registered Agent

John Patterson

Street Address (P.O. Box Number is Not Acceptable)

446 N. Washington Blvd. Suite 1

City

Sarasota

FL

Zip Code

34236

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)

5/23/02

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, 2002 Fee will be \$550.00
 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 **PT** ☐ Delete
 NAME **JOHNSON, DANNIE S**
 STREET ADDRESS **6767 MAUNA LOA BLVD.**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **S** ☐ Delete
 NAME **JOHNSON, JUDITH E**
 STREET ADDRESS **6767 MAUNA LOA BLVD.**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☒ Change ☐ Addition
 NAME **DANNIE S. JOHNSON**
 STREET ADDRESS **4519 NORTHGATE CT.**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **SEC.** ☒ Change ☐ Addition
 NAME **JUDITH E. JOHNSON**
 STREET ADDRESS **4519 Northgate Ct**
 CITY-ST-ZIP **Sarasota FL 34234**

TITLE **VICE PRES.** ☐ Change ☒ Addition
 NAME **RON McCURDY**
 STREET ADDRESS **4436 INDEPENDENCE CT.**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **TREAS.** ☐ Change ☒ Addition
 NAME **KRIS K. McCURDY**
 STREET ADDRESS **4436 INDEPENDENCE CT.**
 CITY-ST-ZIP **SARASOTA FL 34234**

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

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

CR2E034 (9/01)

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:

DANNIE S. JOHNSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/17/02

Daytime Phone #

941-851-7665