2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE:

Feb 13, 2002 8:00 am Secretary of State **DOCUMENT #** P99000096517 1. Entity Name 02-13-2002 90243 008 ***150.00 SWIFT INTERNATIONAL ENTERPRISES, INC. (FL) Principal Place of Business Mailing Address 24 SEA HORSE LANE PO BOX 3789 VERO BEACH FL 32960 VERO BEACH FL 32964-3789 Principal Place of Business 3. Mailing Address 0P81 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Ony & State Vero Beach 4. FEI Number Applied For P1 32964-3789 65-0964256 Not Applicable PZU COUNTY \$2963 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWIFT, GLENN R Street Address (P.O. Box Number is Not Acceptable) 24 SEA HORSE LANE VERO BEACH FL 32960 City 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, 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 FILE NOW!!!_FEE.IS_\$150.00 10.-Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME NAME SWIFT, GELNN R STREET ADDRESS 24 SEA HORSE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 TITLE TITLE ☐ Change ☐ Addition NAME SWIFT, DOROTHY STREET ADDRESS STREET ADDRESS 2333 WIEN RIVER BLVD APT 401 CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32960 TITLE Delete TITLE ST ☐ Change ☐ Addition NAME NAME DILIBERTO, JILL STREET ADDRESS STREET ADDRESS 412 VIA SALERNO CT CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32953-4121 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expression of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED