

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90232 002 ***150.00

DOCUMENT # P99000099248

1. Entity Name
SWCC PROPERTIES, INC.



Principal Place of Business

**2000 WELLS RD-SUITE-B
ORANGE PARK FL 32073**

Mailing Address

**2000 WELLS RD-SUITE-B
ORANGE PARK FL 32073**



2. Principal Place of Business

1845 Town Center Boulevard

Suite, Apt. #, etc.
Suite 100

City & State
ORANGE PARK, FL

Zip
32003

Country
USA

3. Mailing Address

1845 Town Center Boulevard

Suite, Apt. #, etc.
Suite 100

City & State
ORANGE PARK, FL

Zip
32003

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3702625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YONG, FRANK J

701 FISK ST.

STE 110

JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

FRANK J. Yong

Street Address (P.O. Box Number is not acceptable)

701 RIVERSIDE PARK PLACE

Suite 110

City
Jacksonville

FL

Zip Code
32204

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

TITLE ☐ Delete
NAME **PT**
STREET ADDRESS **AGRESTI, GERALD R**
CITY-ST-ZIP **7417 FLEMING ISLAND
666 FL**

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **MYERS, JOHN C III**
CITY-ST-ZIP **2099 E WINTERBOURNE
ORANGE PARK 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6833 Old Church Road**
CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

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

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

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

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, with all other like empowered.

SIGNATURE:

RESERVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03

904-272-4040

Date

Daytime Phone #

CR2E034 (10/02)