

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90011 013 ***150.00

DOCUMENT # P99000102808

1. Entity Name
SWAPJOBS.COM, INC.

Principal Place of Business
**8001 N DALE MABRY HWY., #801A
TAMPA FL 33614**

Mailing Address
**8001 N DALE MABRY HWY., #801A
TAMPA FL 33614**

141188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6820 BENJAMIN RD

3. Mailing Address
6820 BENJAMIN RD

Suite, Apt. #, etc.
SUITE # 2

Suite, Apt. #, etc.
SUITE 2

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
59-3614248

Applied For
Not Applicable

Zip
33634

Country
HILLSBOROUGH

Zip
33634

Country
HILLSBOROUGH

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

**PATRINO, MICHAEL A II
8001 N DALE MABRY HWY., #801A
TAMPA FL 33614**

Name
Street Address (P.O. Box Number is Not Acceptable)
**6820 BENJAMIN RD
SUITE 2
TAMPA FL 33634**

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 *Michael A. Patino*

4-11-01

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) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATRINO, MICHAEL A II
14909 PELICAN POINT PLACE
TAMPA FL 33625** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHORES, JAY DEE
3317 CHEVIOT DR
TAMPA FL 33618** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROWAN, FRANK J
20222 GULF BLVD
INDIAN SHORES FL 33785** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1200 CHERRY ST NE #5
ST PETERSBURG, FL 33701** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSALEA SHORES
3702 W GRANADA ST
TAMPA, FL 33629** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 *Michael A. Patino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

Date

813-243-0513

Daytime Phone #

CR2E034 (10/00)

0047625