

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90017 043 ***150.00

DOCUMENT # P99000102808

1. Entity Name

SWAPJOBS.COM, INC.

Principal Place of Business

**6820 BENJAMIN RD
 SUITE # 2
 TAMPA FL 33634**

Mailing Address

**6820 BENJAMIN RD
 SUITE # 2
 TAMPA FL 33634**

2. Principal Place of Business

14909 PELICAN POINT PL

Suite, Apt. #, etc.

3. Mailing Address

14909 PELICAN POINT PLACE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

59-3614248

Applied For

Not Applicable

Zip

33625

Country

HILLSBOROUGH

Zip

33625

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PATRINO, MICHAEL A II

6820 BENJAMIN RD

SUITE # 2

TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

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

14909 PELICAN POINT PLACE

City **TAMPA**

FL

Zip Code

33625

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/02

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROWAN, FRANK J**
 CITY-ST-ZIP **1200 CHERRY ST NE # 5
 SAINT PETERSBURG FL 33701**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

813-243-0513

Daytime Phone #

CR2E034 (9/01)