

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-21-2003 90383 012 ***150.00

DOCUMENT # S02490

1. Entity Name
SWANN AND ASSOCIATES, P.A.



Principal Place of Business
**1031 W MORSE BLVD
SUITE 160
WINTER PARK FL 32789
US**

Mailing Address
**1031 W MORSE BLVD
SUITE 160
WINTER PARK FL 32789
US**

2. Principal Place of Business
1031 W. Morse Blvd.

3. Mailing Address
1031 W. Morse Blvd.

Suite, Apt. #, etc.
Suite 350

Suite, Apt. #, etc.
Suite 350

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country
USA

Zip
32789

Country
USA

4. FEI Number
59-3029017

Applied For
☐ Not Applicable

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

**SWANN, RICHARD R
1031 W MORSE BLVD
SUITE 160
WINTER PARK FL 32789**

Name
Swann, Richard R.

Street Address (P.O. Box Number is Not Acceptable)
1031 W. Morse Blvd.

Suite 350

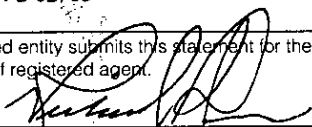
City
Winter Park

FL

Zip Code
32789

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.

4-10-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCAULIFFE SWANN, DOROTHY
7527 OLD DOMINION
MCLEAN VA 22102** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SWANN, RICHARD R
1031 W MORSE BLVD., STE. 160
WINTER PARK FL 32789** ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-03 407-647-2777

CR2E034 (10/02)