## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$32120  1. Entity Name SWISSCO INC. AUTOSALES CLASSIC AND SPORTSCARS					Secretary of State 04-16-2002 90107 030 ***150.00			
Principal Place of Business 11788 66TH ST. N. SUITE E LARGO FL 33773 US		Mailing Address 11788 66TH ST. N. SUITE E LARGO FL 33773 US						
2. Principal Place of Business		3. Mailing Address			4 100/10/10 1840 17/10 F1848 1/4/10 (50/1 60/1) 6/6/1 0	1 <b>4</b> 11 <b>4</b> 1011 <b>1</b>	<b>!                                      </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FE	59-3057985		oplied For ot Applicable	
Zip	Country	Zip	Country	<b>- 5.</b> Ce	ertificate of Status Desired	\$8.75 Add Fee Require	ditional ed	
	6. Name and Address of Current R	egistered Agent	Nome	7. Na	me and Address of New Registered	Agent		
HONNEGGER, ARTHUR 11310 REGAL LANE LARGO FL 34644				Street Address (P.O. Box Number is Not Acceptable)				
EXHGU FI		City			FL Zip Code			
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 Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HONEGGER, ARTHUR 12433 66TH ST N LARGO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD	ITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONNEGGER, ARTHUR 12433 66TH ST N LARGO FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP -	•		∏ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HONEGGER-SCHAERER, MARLIS 12433 66TH ST N LARGO FL	☐ 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	
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	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trunce approved or on an attachment with an address, with	rue and accurate and that my vered to execute this report as	signature shall have th	e same le	gal effect as if made under oath; that I a	am an officer	or director	

SIGNATURE: