

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90217 047 ***150.00

DOCUMENT # **548567**

1. Entity Name
Ewing Outdoor Services, Inc.

Principal Place of Business

**296 Sabinal St
 (Home)**

Mailing Address

**296 Sabinal St.
 Ocoee, FL 34761**

2. Principal Place of Business

296 Sabinal St
 Suite, Apt. #, etc.

3. Mailing Address

296 Sabinal St
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocoee, FL

City & State

Ocoee, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

34761

Country

U.S.A.

Zip

34761

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**Gary Ewing / Previous Owner
 5362 Brahma Ave.
 Orlando, FL 32810**

7. Name and Address of New Registered Agent

Name
Warren Scott Swinson
 Street Address (P.O. Box Number is Not Acceptable)
601 Royal Lake Cr
O-206
 City
Orlando **FL** Zip Code
32818

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 **Warren S. Swinson**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / owner Warren S. Swinson 601 Royal Lake Cr - O-206 Orlando, FL 32818	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Destiny Swinson 601 Royal Lake Cr - O-206 Orlando, FL 32818	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary Ewing 5362 Brahma Ave. Orlando, FL 32810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Warren S. Swinson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 (407) 694-7198

Date

Daytime Phone #

CR2E034 (11/00)