

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91214

1. Entity Name,

SWAN INTERIORS, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90047 017 \*\*\*150.00

0522345

Principal Place of Business Mailing Address  
3114 EL PRADO BLVD PO BOX 13256  
TAMPA FL 33629 TAMPA FL 33681-3256  
US US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 59-3091282 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  
SLINGLUFF, ARTHUR F. Name  
4241 EL PRADO BLVD Street Address (P.O. Box Number is Not Acceptable)  
TAMPA FL 33629  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLINGLUFF, ARTHUR F. 4241 EL PRADO BLVD TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Arthur F. Slingluff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/22/01 Daytime Phone #

CR2E034 (10/00)