

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90002 015 ***150.00

DOCUMENT # S94113

1. Entity Name
BIOFEEDBACK COMMUNICATION, INC.

Principal Place of Business Mailing Address
SWABB, JOEL JR. **293 CEDAR PARK CIRCLE**
SARASOTA FL 34242 **SARASOTA FL 34242**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5053 Ocean Blvd **5053 Ocean Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 276 **Suite 276**
City & State City & State
Sarasota, FL **Sarasota, FL**
Zip Country Zip Country
34242-1607 **USA** **342421607** **U.S.A.**

4. FEI Number **59-2231714** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SWABB, L J
293 CEDAR PARK CIRCLE
SARASOTA FL 34242

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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, 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	P <input type="checkbox"/> Delete
NAME	SWABB, L. JOEL JR.
STREET ADDRESS	293 CEDAR PARK CIRCLE
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	SWABB, JANE W
STREET ADDRESS	293 CEDAR PARK CIRCLE
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	S <input type="checkbox"/> Delete
NAME	SWABB, ANDREA M.
STREET ADDRESS	1323 LOMA LINDA
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **L. Joel Swabb, Jr.** **L. Joel Swabb, Jr.** **4/25/02** **941-346-0538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)