

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90011 016 \*\*\*550.00

**DOCUMENT # P96000041310**

1. Entity Name  
**SWARTZ SALES, INC.**

Principal Place of Business Mailing Address ✓  
~~4711 S HIMES AVE #501 TAMPA FL 33611-2620~~  
~~4711 S HIMES AVE #501 TAMPA FL 33611-2620~~

2. Principal Place of Business **7009 48 AVE E.**  
 Suite, Apt. #, etc.

3. Mailing Address **7009 48 AVE E.**  
 Suite, Apt. #, etc.

City & State **PALMETTO, FL** City & State **PALMETTO** 4. FEI Number **65-0666797** Applied For Not Applicable

Zip **34221-7341** Country **MANATEE** Zip **34221-7341** Country **MANATEE** 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SWAETZ, ROBERT G**  
~~4711 S HIMES AVE #501 TAMPA FL 33611~~  
**7009 48 AVE E, PALMETTO, FL 34221**

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 *[Signature]* **ROBERT G. SWARTZ** 9-9-01  
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SWARTZ, ROBERT G</b> <del>4711 S HIMES AVE #501 TAMPA FL 33611-2620</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7009 48 AVE EAST PALMETTO, FL 34221-7341</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SWARTZ, PHYLLIS M</b> <del>4711 S HIMES AVE #501 TAMPA FL 33611-2620</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7009 48 AVE EAST PALMETTO, FL 34221-7341</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *[Signature]* **President** 9-9-01 941-229-8776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)