## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # K75382** 1. Entity Name SWEET HOMEBUILDERS AND REMODELING, INC. 02-13-2001 90050 028 \*\*\*150.00 Principal Place of Business Mailing Address PAS SAND MYRTED TRAIL 4557 SAILMAKER RU DESTIN FL 32541 DESTIN FL 32541 A0022123 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3044970 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWEET, MAURICE Street Address (P.O. Box Number is Not Acceptable) 217 MATTIE'S WAY DESTIN FL 32541 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITI F TITLE Delete SWEET, MAURICE NAME STREET ADDRESS 217 MATTIE'S WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE SWEET, CHERYL NAME NAME 217 MATTIE'S WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE WILDES, KEITH A NAME NAME 645 JAMES LEE RD 142 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT WALTON BEHAC FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: GNATURE AND TYPED OR PRINTED NA

13. Thereby certify that the information supplied with this filling 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



AHACHMENT 0#K75392 AWAQ103

1/16/2001

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