2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90858 040 *****8.75
02-19-2002 90060 020 ***150.00

DOCUMENT # K75382

1. Entity Name
SWEET HOMEBUILDERS AND REMODELING, INC.

Principal Place of Business	Mailing Address
315 SAND MYRTLE TRAIL DESTIN FL 32541 US	~~4567 SAILMAKER RD~~ P.O. Box 726 DESTIN FL ~~32541~~ 32540 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6317 Augusta Cove Suite, Apt. #, etc.	PO Box 726 Suite, Apt. #, etc.
City & State: Destin Fl.	City & State: Destin Fl
Zip: 32541 Country: Okaloosa	Zip: 32540 Country: Okaloosa

4. FEI Number 59-3044970 ☐ 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
SWEET, MAURICE ~~217 MATTIE'S WAY~~ 6317 AUGUSTA COVE ~~DESTIN FL 32541~~ DESTIN, FL 32541	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SWEET, MAURICE ~~217 MATTIE'S WAY~~ 6317 AUGUSTA COVE ~~DESTIN FL~~ DESTIN FL 32541	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SWEET, CHERYL ~~217 MATTIE'S WAY~~ 6317 AUGUSTA COVE ~~DESTIN~~ DESTIN FL 32541	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED 1/16/02 858-837-4299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #