## **2003 FOR PROFIT CORPORATION**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **UNIFORM BUSINESS REPORT (UBR)** Secretary of State K75382 DOCUMENT # 1. Entity Name 03-03-2003 90970 020 \*\*\*150.00 SWEET HOMEBUILDERS AND REMODELING, INC. Principal Place of Business Mailing Address 6317 AUGUSTA COVE P.O. BOX 726 DESTIN FL 32541 DESTIN FL 32540 US 2. Principal Place of Business 3. Mailing Address TERONIMO Suite, Apt. #, etc Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3044970 DESTIA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ALTON Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWEET, MAURICE Street Address (P.O. Box Number is Not Acceptable) 6317 AUGUSTA COVE DESTIN FL 32541 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F ☐ Delete TITLE Change Addition SWEET MAURICE SWEET, MAURICE NAME 703-A W. MAIN ST. STREET ADDRESS :217 MATTIE'S WAY STREET ADDRESS CITY-ST-ZIP. DESTIN FL CITY-ST-ZIP PAYSON AZ 8554 TITLE ☐ Delete TITLE Addition NAME SWEET, CHERYL SWEET C HERYL NAME STREET ADDRESS 217 MATTIE'S WAY STREET ADDRESS 703-AW. MAIN ST. CITY-ST-ZIP DESTIN FL CITY-ST-ZIP PAYSON, AZ. 85541 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 10 or Block 11 if

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