2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084481

1. Entity Name

Sweet Interiors INC.

FILED
00 DEC 14 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
Home	1805 SW 12th Ct Cape Coral Fl. 33991

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 650784557 ☐ 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
Damian Classetti 1805 SW 12th Ct. Cape Coral Fl. 33991	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 Damian Classetti 11/15/00
Signature, typed or printed name of registered agent and title if 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. (See criteria on back) ☐

~~Fee: $550.00~~ ~~After September 13, 2000 Min. 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 VP NAME STREET ADDRESS CITY-ST-ZIP	Joseph Holland 3032 SW Santa Barbra Pl. Cape Coral Fl. 33904 ☑ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Nicholas Classetti 1805 SW 12 Ct. Cape Coral Fl. 33991 ☐ Change ☑ Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Damian Classetti 1805 SW 12th Ct. Cape Coral, Fl. 33991 ☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Walker Brown 2742 N.W. 13 St. Cape Coral Fl. 33993 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000003514810-015 -12/27/00--01077--015 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition KE

CR2E034 (5/00)

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: Damian Classetti Damian Classetti 11/15/00 941-772-0309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #