

(This form was not sent as in previous years)
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90028 042 ***150.00

DOCUMENT # **P980000079673**

1. Entity Name

SWEETBERRIES, INC.



DO NOT WRITE IN THIS SPACE

54027059

2. Principal Place of Business

4500 Manatee Ave.

3. Mailing Address

SAME

Suite, Apt. #, etc.

West

Suite, Apt. #, etc.

City & State

BRADENTON, FLA

City & State

4. FEI Number

65-0863040

Applied For

Not Applicable

Zip

34209

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

J. Michael Osmond

Street Address (P.O. Box Number is Not Acceptable)

1104 92ND ST. NW

City

Bradenton

FL

Zip Code

34209

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(1) J. Michael Osmond
President
1104 92ND ST NW
Bradenton, FLA. 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(2) Sect.
James L. Osmond
4002 23RD Ave. W. Bradenton
34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(3) Treasurer
Cindy W. Osmond
1104 92ND ST NW Bradenton
FLA
34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

J. Michael Osmond President 3/31/04 941-798-3690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)