

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90085 015 ***150.00

DOCUMENT # *Did not receive pre-printed report this year*
 1. Entity Name
Sweetwater Records, Inc. 552

Principal Place of Business Mailing Address
1176 Windsong P.O. Box 560006
Orlando, Fla. 32809 Orlando, Fla. 32856

RUUJ0600

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

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number *N/A* Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Keith Euler
250 Palm Park
Longwood, Fla. 32779

7. Name and Address of New Registered Agent
 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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000: 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

TITLE <i>P</i>	NAME <i>Thurbon Spurr</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>1176 Windsong</i>		
CITY-ST-ZIP <i>Orlando, Fla. 32809</i>		
TITLE <i>T</i>	NAME <i>Keith Euler</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>250 Palm Park</i>		
CITY-ST-ZIP <i>Longwood, Fla. 32779</i>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <i>UP Vicki Spurr</i>		
CITY-ST-ZIP <i>111 S. Weymouth</i>		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>Longwood, Fla.</i>		
CITY-ST-ZIP <i>32750</i>		

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 or without other like empowered.

SIGNATURE: _____ Date: *4/7/00* Daytime Phone # _____

CR2E034 (9/99)