2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)





| 1. Entity Name SWEETWORKS, INC. | | | | | | 02-17-2003 90179 0 | 20 ***150. | 00 | |
|--|--|---------------------|---------|--|-------|--|--|-------------------------|--|
| Principal Place of Business 2 COKE ROAD ST. AUGUSTINE FL 32086 Mailing Address 2 COKE ROAD ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 | | | | • | | | | | |
| 2. Principal Pla | 3. Mailing Address | Address | | | | | | | |
| Suite, Apt. # | t, etc. | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | | 4. FI | 16-1543419 | Not | olied For Applicable | |
| Zip | Country~ Zip | | Country | | | 5. Certificate of Status Desired | | | |
| | 6. Name and Address of Current | Registered Agent | | Name | 7. N | ame and Address of New Registered | Agent | | |
| | | | | Name | | | | | |
| WHETSTONE, HENRY M JR. 2 COKE ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| • ST. AUGUSTINE FL 32086 | | | | | | | | | |
| | | | City | | FL | Zip Code | | | |
| Fl After | Signature, typed or printed name of registered agent LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of | State | | ad Agent signature requ | | Election Campaign Financing Trust Fund Contribution. | ☐ Added | O May Be to Fees | |
| 10. | OFFICERS AND | | 11. | | ADI | DITIONS/CHANGES TO OFFICERS AN | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD TERRANOVA, PHILLIP J 14710 GLEN EDEN DRIVE NAPLES FL 34110 | □ Delete | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCVD WHETSTONE, HENRY M JR. | ☐ Delete | | ME REET ADDRESS | | | ☐ Change | Addition \ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WHETSTONE, VIRGINIA A 2 COKE ROAD ST. AUGUSTINE FL 32086 | ☐ Delete | | Į. | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TERRANOVA, ANTHONY 312 PATRICE TERRACE WILLIAMSVILLE NY 14221 | ☐ Delete | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | WILLIAM PILLE IXI TYPE | ☐ Delete | STI | LE ME REET ADDRESS 'Y-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | STI | LE ME REET ADDRESS IY-ST-ZIP | | , | ☐ Change | ☐ Addition | |

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

SIGNATURE:

Daytime Phone #

CR2F034 (10/02)