2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F90437

1. Entity Name

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

SWEETINGS'S FOUR, INC.

OTTESTITUS OF OUT, III			
Principal Place of Business	Mailing Address		
P.O. BOX 1060 KEY LARGO FL 33037-1060	P.O. BOX 1060 KEY LARGO FL 33037-1060		
2. Principal Place of Business	3. Mailing Address		

Suite, Apt. #, etc.

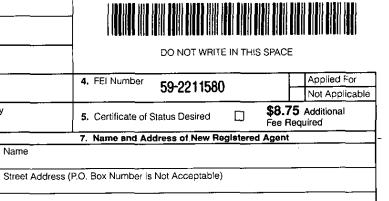
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

City & State

Zip

FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90242 019 ***150.00



Zip Code

FL

DATE

SWEETING, GERALD L 96120 OVERSEAS HIGHWAY KEY LARGO FL 33037

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. iria on back)	After MAY 1, 200	! FEE IS \$150.00 IO Fee will be \$550.00 e 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SWEETING, GERALD L 96120 OVERSEAS HIGHWAY KEY LARGO FL	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY- ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ 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
13. I hereby	certify that the information supplied with th	is filing does not qualify for	the exemption stated in Sect	ction 119.07(3)(i), Florida Statutes. I further certify that the information

Country

Name

(NOTE: Registered Agent signature required when reinstating)

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 AND TYPED OR PRINTED

305-852-4416