

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90081 017 ***150.00

DOCUMENT # J40694

1. Entity Name
SUGARMILL WOODS SALES, INC.



Principal Place of Business
**155 DOUGLAS ST.
SUITE B
HOMOSSA FL 34446
US**

Mailing Address
**155 DOUGLAS ST.
SUITE B
HOMOSSA FL 34446
US**

11008084



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 **59-2733876**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOCKER, JANICE
25 SALVIA CT.
HOMOSASSA FL 34446**

Name **William R. Stocker Sr.**
Street Address (P.O. Box Number is Not Acceptable)
**155 DOUGLAS ST.
Suite B
City Homo SASSA FL 34446**

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 **William R. Stocker Sr.**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST**
NAME **STOCKER, JANICE**
STREET ADDRESS **155 DOUGLAS ST., SUITE B**
CITY-ST-ZIP **HOMOSASSA FL 34446** ☒ Delete

TITLE **PST**
NAME **SHER, Allen**
STREET ADDRESS **155 DOUGLAS ST., SUITE B**
CITY-ST-ZIP **HOMOSASSA, FL. 34446** ☐ Change ☒ Addition

TITLE **D**
NAME **STOCKER, WILLIAM R**
STREET ADDRESS **155 DOUGLAS STREET, SUITE B**
CITY-ST-ZIP **HOMOSASSA FL 34446** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2003

Date

352-382-2244

Daytime Phone #

CR2E034 (10/02)