

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90049 006 ***150.00

DOCUMENT # K75382

1. Entity Name

SWEET HOMEBUILDERS AND REMODELING, INC.

Principal Place of Business

Mailing Address

151 REGIONS WAY
 BLDG 1 STE C
 DESTIN FL 32541
 US

151 REGIONS WAY
 BLDG 1 STE C
 DESTIN FL 32541-5106
 US

80013695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3155 SAND MYRTLE TRAIL 4557 SAILMAKER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN FL

City & State

DESTIN FL

4. FEI Number

59-3044970

Applied For

Not Applied For

Zip

32541

Country

OKALOOSA

Zip

32541

Country

OKALOOSA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWEET, MAURICE
 217 MATTIE'S WAY
 DESTIN FL 32541**

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** Delete
 NAME: **SWEET, MAURICE**
 STREET ADDRESS: **217 MATTIE'S WAY**
 CITY-ST-ZIP: **DESTIN FL**

TITLE: Change Delete
 NAME: Change Delete
 STREET ADDRESS: Change Delete
 CITY-ST-ZIP: Change Delete

TITLE: **ST** Delete
 NAME: **SWEET, CHERYL**
 STREET ADDRESS: **217 MATTIE'S WAY**
 CITY-ST-ZIP: **DESTIN FL**

TITLE: Change Delete
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 STREET ADDRESS: Change Delete
 CITY-ST-ZIP: Change Delete

TITLE: **VP** Delete
 NAME: **WILDES, KEITH A**
 STREET ADDRESS: **645 JAMES LEE RD 142**
 CITY-ST-ZIP: **FT WALTON BEHAC FL**

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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 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

1/28/00
 Date

850-837-4299
 Daytime Phone #