

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90289 006 \*\*\*150.00

**DOCUMENT # P00000004191**

1. Entity Name

**SWEETY, INC. OF POLK COUNTY**

Principal Place of Business

**1110 GOLFVIEW AVENUE  
 BARTOW FL 33830**

Mailing Address

**1110 GOLFVIEW AVENUE  
 BARTOW FL 33830**

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

**59-3615113**

Applied For

Not Applicable

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

**PATEL, DIPIKA A  
 1110 GOLFVIEW AVENUE  
 BARTOW FL 33830**

Name **PATEL ANIL P.**

Street Address (P.O. Box Number is Not Acceptable)  
**1907-18TH ST. N.W.**

City **Winter Haven**

**FL**

Zip Code **33881**

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

*Patel Anil P.* *PR. DIPIKA A PATEL*

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-23-01**

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>PATEL, DIPIKA A</b>	
STREET ADDRESS	<b>1110 GOLFVIEW AVENUE</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>PATEL, SMITA S</b>	
STREET ADDRESS	<b>1110 GOLFVIEW AVENUE</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>SHAH, SARLA A</b>	
STREET ADDRESS	<b>1110 GOLFVIEW AVENUE</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Anil Patel</b>	
STREET ADDRESS	<b>1907-18TH ST. N.W.</b>	
CITY-ST-ZIP	<b>Winter Haven FL-33881</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SURESH R. Patel</b>	
STREET ADDRESS	<b>1905-18TH ST. N.W.</b>	
CITY-ST-ZIP	<b>Winter Haven FL 33881</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

*Patel Anil P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-23-01**

Date

**863-767-0208**

Daytime Phone #

CR2E034 (10/00)