FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 09, 2002 8:00 am Secretary of State DOCUMENT # P00000058165 1. Entity Name 07-09-2002 90396 013 ***550.00 SWEETLIGHT, INC. Principal Place of Business Mailing Address 110 SIMONTON STREET B9127638 110 SIMONTON STREET KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address 1109 Earle 1109 Eo Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City_& State 4. FEI Number APPLIED FOR-Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOHATCH, JOHN S ESQ. Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS ROAD **PENTHOUSE 8** CORAL GABLES FL 33134 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition ☐ Change MANLEY, RICHARD NAME NAME 110 SIMONTON STREET STREET ADDRESS STREET ADDRESS CITY - ST- ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DE BOER, ERIC NAME NAME STREET ADDRESS 110 SIMONTON STREET STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME WIGHTMAN, CAROL NAME STREET ADDRESS 108 FRONT STREET STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAMĘ STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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