

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 21, 2001 8:00 am
Secretary of State

04-26-2001 90295 019 ***150.00

DOCUMENT # P00000101627

1. Entity Name

SWEET SECRECTIONS, INC.

Principal Place of Business

**5065 KEYSVILLE AVE
 SPRINGHILL FL 34608**

Mailing Address

**5065 KEYSVILLE AVE
 SPRINGHILL FL 34608**

45445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593677194

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAGUE, JANE M

**5065 KEYSVILLE AVE
 SPRINGHILL FL 34608**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

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, 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	DP	☐ Delete
NAME	TAGUE, JANE M	
STREET ADDRESS	5065 KEYSVILLE AVE	
CITY-STATE-ZIP	SPRINGHILL FL 34608	
TITLE	DV	☐ Delete
NAME	FAGAN, DONNA	
STREET ADDRESS	5065 KEYSVILLE AVE	
CITY-STATE-ZIP	SPRINGHILL FL 34608	
TITLE	DV	☒ Delete
NAME	FAGAN, DONNA	
STREET ADDRESS	5065 KEYSVILLE AVE	
CITY-STATE-ZIP	SPRINGHILL FL 34608	
TITLE	DS	☐ Delete
NAME	HARPER, DANIEL J	
STREET ADDRESS	5065 KEYSVILLE AVE	
CITY-STATE-ZIP	SPRINGHILL FL 34608	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	DT	☒ Change ☐ Addition
NAME	DAVID W FAGAN	
STREET ADDRESS	5065 KEYSVILLE AVE	
CITY-STATE-ZIP	SPRINGHILL FL 34608	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: **Jane M Tague**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

800-491-8201

Date

Daytime Phone

CR2E034 (10/00)