## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000101627

FAGAN, DAVID W

5065 KEYSVILLE AVE

SPRING HILL, FL 34608

Name: Address:

City-St-Zip:

Entity Name: SWEET SECRETIONS, INC.

FILED May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5065 KEYSVILLE AVE SPRINGHILL, FL 34608 **Current Mailing Address: New Mailing Address:** 5065 KEYSVILLE AVE SPRINGHILL, FL 34608 FEI Number: 59-3677194 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAGUE, JANE M FAGAN, DONNA 5065 KÉYSVILLE AVE 5065 KEYSVILLE AVE SPRINGHILL, FL 34608 SPRINGHILL, FL 34608 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: DONNA FAGAN 05/01/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete () Change () Addition TAGUE, JANE M Name: Name: 5065 KEYSVILLE AVE Address: Address: City-St-Zip: SPRINGHILL, FL 34608 City-St-Zip: Title: DV ( ) Delete Title: (X) Change ( ) Addition Name: FAGAN, DONNA Name: FAGAN, DONNA 5065 KEYSVILLE AVE 5065 KEYSVILLE AVE Address: Address: SPRINGHILL, FL 34608 SPRINGHILL, FL 34608 City-St-Zip: City-St-Zip: Title: DS ( ) Delete Title: (X) Change ( ) Addition HARPER, DANIEL J CAROLAN, VICKIE Name: Name: 5065 KEYSVILLE AVE 10410 DUNKIRK Address: Address: City-St-Zip: SPRINGHILL, FL 34608 City-St-Zip: SPRINGHILL, FL 34608 Title: DT (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DONNA FAGAN P 05/01/2002