

# 2001 UNIFORM BUSINESS REPORT (UBR)

7/

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90005 015 \*\*\*150.00

<b>DOCUMENT # P00000112791</b>			
1. Entity Name <b>SWEET STUFFIN'S, INC.</b>			
Principal Place of Business <b>1611 N MONROE ST TALLAHASSEE FL 32303</b>		Mailing Address <b>1611 N MONROE ST TALLAHASSEE FL 32303</b>	
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 <b>59-3016855</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BROWER, KATHY</b> <b>206 2ND ST NE</b> <b>HAVANA FL 32333</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Kathy Brower</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWER, KATHY</b> <b>206 2ND ST NE</b> <b>HAVANA FL 32333</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>SICK KATHY BROWER</u>		<b>7-17-01</b> <b>850-681-1935</b> Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (5/01)

# INVOICE



**SWEET STUFFIN'S**  
 Gift Baskets • Balloons • Flowers • Etc  
 1611 North Monroe Street  
 Tallahassee, FL 32303  
 Phone (850) 681-1935 Fax (850) 681-6974

Attachment  
 #1200000112791  
 No. 146311449

INVOICE DATE	7/17/01
CUSTOMER'S ORDER NO.	

SENT TO:	To Fla. Dept. of State
	Division of Corporations

SHIP TO:	

SALESPERSON	SHIPPED VIA	TERMS	F.O.B.

QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT
		I did not receive the 2001 Uniform business report that was mailed in January. I became a Corporation on Dec. 8 <sup>th</sup> 2001 and didn't know to look for a report in the mail. I called 488-9000 and was told to make the check out for \$150 <sup>00</sup> and explain this to you. Thank you for your help. Kathy Brower		

Adams NC2872

INVOICE