

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112791

1. Entity Name  
SWEET STUFFIN'S, INC.Principal Place of Business  
1611 N MONROE ST  
TALLAHASSEE FL 32303Mailing Address  
1611 N MONROE ST  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

County

Zip

Country

4. FEI Number

59-3016855

Applied For  
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

BROWER, KATHY  
206 2ND ST NE  
HAVANA FL 32333

## 7. Name and Address of New Registered Agent

Name

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

City

FL 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 Kathy Brower

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (5/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWER, KATHY 206 2ND ST NE HAVANA FL 32333	<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)(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: Kathy Brower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-01

850-681-1935

Date

Daytime Phone #

# 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  
#20003112791

No. 1463 11449

INVOICE DATE

7/17/01

CUSTOMER'S  
ORDER NO.

SELL 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 \$150.00		
		and explain this to you. Thank you for your help. Kathy Brower		

Adams NC2872

INVOICE