


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90229 034 ***150.00

DOCUMENT # P01000036280	
1. Entity Name SWEET Enterprises, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1926 Powell Rd Suite, Apt. #, etc.	3. Mailing Address 1926 Powell Rd Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State W.P.B. FL	City & State W.P.B. FL	4. FEI Number 65-1090338	Applied For <input type="checkbox"/> No: Applicable
Zip 33411	Country FLORIDA	Zip 33411	Country FLORIDA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Barry Sweet	
Street Address (P.O. Box Number is Not Acceptable) 1926 Powell Rd	
City W.P.B.	FL Zip Code 33411

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 of registered agent or principal officer and type if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

5-10-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. & Treasurer Barry Sweet 1926 Powell Rd W.P.B. FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. & Secretary Elizabeth Sweet 1926 Powell Rd W.P.B. FL 33411
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-07 561-333-3358

CR2E034B (12/02)