

**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.

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
 No; Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
33411

Country
FLORIDA

Zip
33411

Country
FLORIDA

**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]
Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-10-03
DATE

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	<i>Pres. & Treasurer Barry Sweet 1926 Powell Rd W.P.B. FL 33411</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice Pres. & Secretary Elizabeth Sweet 1926 Powell Rd W.P.B. FL 33411</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03 561-333-3358
DATE Daytime Phone #

CR2E034B (12/02)