

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000057790**

1. Entity Name
B.A. SWEETIE, INC.



Principal Place of Business
1035 S FEDERAL HWY
#415
DELRAY BEACH FL 33483

Mailing Address
1035 S FEDERAL HWY
#415
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

402 E. Atlantic Blvd

City & State

Delray Beach, FL

City & State

Zip

33483

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

WHITWORTH, BILL
402 ATLANTIC BLVD
DELRAY BEACH FL 33483

Name

N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **WHITWORTH, BILL**
STREET ADDRESS **402 ATLANTIC BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Whitworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Jan 21, 2003 8:00 am
Secretary of State**

01-21-2003 90076 043 ***150.00

80007056



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1146744** Applied For
 Not Applicable

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

CR2E034 (10/02)

1/4/03 561-228-0808
Date Daytime Phone #