

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90003 036 ***158.75

DOCUMENT # P01000063031

1. Entity Name
SWEET PEA ENTERPRISES, INC.

Principal Place of Business
5550 BENTGRASS DRIVE #102
SARASOTA FL 34235

Mailing Address
5550 BENTGRASS DRIVE #102
SARASOTA FL 34235



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
750 NORTH TAMIANI TRAIL

3. Mailing Address
750 NORTH TAMIANI TRAIL

Suite, Apt. #, etc.
PH-1

Suite, Apt. #, etc.
PH-1

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number ☒ **Applied For**
☐ **Not Applicable**

Zip
34236

Country
SARASOTA

Zip
34236

Country
SARASOTA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWNSEND, SUSAN
5550 BENTGRASS DRIVE #102
SARASOTA FL 34235

Name
TOWNSEND, SUSAN
Street Address (P.O. Box Number is Not Acceptable)
750 NORTH TAMIANI TRAIL, PH-1
City **SARASOTA** **FL** **Zip Code** **34236**

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 *A. Townsend* **2/22/02**
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 \$150.00
After May 1, 2002 Fee will be \$450.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME TOWNSEND, SUSAN	
STREET ADDRESS 5550 BENTGRASS DRIVE #102	
CITY-ST-ZIP SARASOTA FL 34235	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOWNSEND, SUSAN	
STREET ADDRESS 750 N. TAMIANI TRAIL, PH-1	
CITY-ST-ZIP SARASOTA, FL 34236	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *A. Townsend* **2/22/02** **941-330-1537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)