02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 22 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081852

1. Entity Name
SUGARLOAF, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2506 South MacDill Ave	2506 South MacDill Ave
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: Suite C
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33629 Country: USA	Zip: 33629 Country: USA

4. FEI Number: 59-3744498 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JOHN REAVES

Street Address (P.O. Box Number is Not Acceptable): 2506 South MacDill Ave. Suite C

City: TAMPA FL Zip Code: 33629

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: [signature] 11/21/02

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)

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

11. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	JOHN REAVES
STREET ADDRESS	2506 South MacDill Ave, Ste C
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D/VP/S/T
NAME	JOHN GRONER
STREET ADDRESS	74-140 EL PASEO, STE 4, PMB 183
CITY-ST-ZIP	PALM DESERT, CA 92260
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 11/21/02 (813) 835-6787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

11/26

SUGARLOAF, INC.

2506 South MacDill Avenue, Suite C • Tampa, Florida 33629 • (813) 835-6787

November 21, 2002

Federal Express
Attn: Reinstatement Department
Secretary of State
Division of Corporations
409 E Gaines Street
Tallahassee, FL 32399

RE: Reinstatement of Corporation / Sugarloaf, Inc.

To whom it may concern:

Enclosed please find an executed Uniform Business Report and an executed Application for Reinstatement for reinstatement of our corporation. We had previously forwarded our corporation's check in the amount $150.00 for the annual filing fee with the original Uniform Business Report. It is our understanding from our attorney's conversation with your office that the original Uniform Business Report was returned to us, for insertion of the corporation's EIN. We never received the returned Report. The Employer ID Number has been inserted on the enclosed Annual Report and Application for Reinstatement, and we are requesting waiver of the penalties for reinstatement, and reinstatement of the corporation at your earliest opportunity.

Please contact me if you have any questions or encounter any difficulties. I remain

Very truly yours,

John Reaves, President

JR/DET/sh