

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90162 026 \*\*\*150.00

**DOCUMENT # P01000082143**

1. Entity Name  
**SWEETREATS OF NAPLES, INC.**

Principal Place of Business      Mailing Address  
**7935 AIRPORT PULLING RD. N. UNIT 11**      **7935 AIRPORT PULLING RD. N. UNIT 11**  
**NAPLES FL 34109**      **NAPLES FL 34109**

2. Principal Place of Business      3. Mailing Address

Suite/Apt./#; etc.      Suite/Apt./#; etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**593744477**      Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLCHER, MAX A**  
**1000 9TH STREET N., STE. 502**  
**NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name      **Michael Coxwell**  
 Street Address (P.O. Box Number is Not Acceptable)      **7935 Airport RD. N. #11**  
 City      **NAPLES**      FL      Zip Code      **34109**

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      **Michael Coxwell**      DATE      **4-17-02**

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 \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE      **Michael Coxwell**      Delete  
 NAME      **PRESIDENT**  
 STREET ADDRESS      **7935 AIRPORT RD. N. #11**  
 CITY-ST-ZIP      **NAPLES FL 34109**

TITLE      **JILL COXWELL**      Delete  
 NAME      **VICE PRESIDENT**  
 STREET ADDRESS      **7935 Airport RD N #11**  
 CITY-ST-ZIP      **NAPLES FL 34109**

TITLE      Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      Delete  
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TITLE      Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      Change      Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      Change      Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      Change      Addition  
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 CITY-ST-ZIP

TITLE      Change      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:      **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      **4-17**      Daytime Phone #      **(239) 598-3311**

CR2E034 (9/01)