

2004

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104446

1. Entity Name

SWEET GRASS, INC.

FILED :

04 OCT -7 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9801 COSTA DEL SOL BLVD
MIAMI FL 33178

Mailing Address

9801 COSTA DEL SOL BLVD
MIAMI FL 33178

2. Principal Place of Business

178 SUNWARD AVE.

Suite, Apt. #, etc.

3. Mailing Address

178 SUNWARD AVE.

Suite, Apt. #, etc.

REINSTATEMENT 03-09

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL 34684

4. FEI Number

65-1148240

Applied For

Not Applicable

Zip

34684

Country

U.S.A.

Zip

34684

Country

U.S.A.

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERESZTES, PETER DE A

~~9801 COSTA DEL SOL BLVD~~
~~MIAMI FL 33178~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

178 SUNWARD AVE

City

PALM HARBOR

FL

Zip Code
34684

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

PETER DE A. KERESZTES

9/14/04

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, 2003 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KERESZTES, PETER DE A	
STREET ADDRESS	9801 COSTA DEL SOL BLVD	
CITY-ST-ZIP	MIAMI FL 33178	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERESZTES, PETER DE A	
STREET ADDRESS	178 SUNWARD AVE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER DE A. KERESZTES

9/14/04 (727)744-8418

Date

Daytime Phone #

CR2E034 (9/01)

September 14, 2004

To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

From: Sweet Grass, Inc.
178 Sunward Ave.
Palm Harbor, FL 34684

Re: Reinstatement

Dear Sir or Madam:

Please find enclosed the following information:

- 1) Corporation Reinstatement for Sweet Grass, Inc.
- 2) A check for \$300 made payable to Department of State.

I recently went to my new accountant's office for consultation and he informed me that my corporation had been dissolved. I was also informed the dissolution was due to the non-filing of the Annual Report. At this time, I explained to my accountant that I hadn't received any notices from the Florida Department of State.

Please note my change of address:

Old - 9801 Costa Del Sol Blvd, Miami, FL 33178

Old - 2678 McMullen Booth Rd #826, Clearwater, FL 33761

New - 178 Sunward Ave, Palm Harbor, FL 34684

I never received the Annual Report due to the fact that I had a change of address in the beginning of 2003. Please make note of the new address above. Please send all future correspondence to the new address.

Due to the non-receipt of the Annual Report, I would like to ask that you waive the \$600 fee for reinstatement.

Please accept my check for \$300, \$150 for 2003 and \$150 for 2004 representing the original filing fees for the Annual Reports as payment in full to have the corporation reinstated.

Be assured that I completely understand the filing requirements of this corporation and all future filings will be completed in a timely manner.

Thank you very much for your time in this matter.

Sincerely,



Peter A. Keresztes
President