

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90024 042 \*\*\*150.00

**DOCUMENT # P01000117035**

1. Entity Name  
**SUGAR INVESTMENTS, INC.**

Principal Place of Business

**2050 NORTH 12TH AVENUE  
PENSACOLA FL 32503**

Mailing Address

**2050 NORTH 12TH AVENUE  
PENSACOLA FL 32503**

2. Principal Place of Business

**2050 North 12th Avenue**  
Suite, Apt. #, etc.

3. Mailing Address

**2050 North 12th Avenue**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Pensacola, FL**

City & State

**Pensacola, FL**

4. FEI Number

**59-37598-28**

Applied For

Not Applicable

Zip

Country

**32503 USA**

Zip

Country

**32503 USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SUGAR, MARLON L  
1610 E. AVERY STREET  
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

\* 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 \$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 ☐ Delete  
NAME **PTD**  
STREET ADDRESS **SUGAR, MARLON L**  
CITY-ST-ZIP **1610 E. AVERY STREET  
PENSACOLA FL 32503**

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **SUGAR, JANICE S**  
CITY-ST-ZIP **1610 E. AVERY STREET  
PENSACOLA FL 32503**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02**

Date

**(850) 469-8100**

Daytime Phone #

CR2E034 (9/01)