

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90097 022 ***150.00

0138323 AT

DOCUMENT # P02000059698

1. Entity Name
SWEET XTREMES, INC.



Principal Place of Business
1103 W. LEELAND HEIGHTS BLVD.
LEHIGH ACRES FL 33936

Mailing Address
1103 W. LEELAND HEIGHTS BLVD.
LEHIGH ACRES FL 33936



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

35-2171112

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDRADE, ALFREDO

1103 W. LEELAND HEIGHTS BLVD.

LEHIGH ACRES FL 33936

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ANDRADE, ALFREDO
1103 W. LEELAND HEIGHTS BLVD.
LEHIGH ACRES FL 33936

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-03

Date

239-369-7774

Daytime Phone #

CR2E034 (4/03)

Attachment #
~~80137279~~
~~PO2000059698~~
SWEET EXTREMES, INC.

25 Homestead Rd.
Lehigh Acres, Fl. 33936

July 7, 2003

Divisions of Corporations:
Annual Report

To Whom It May Concern:

I did not receive a preprinted annual report. I was unaware that I had to file this report. I have engaged a Certified Public Accountant at this time to inform me of the proper forms that need filing.

Please accept this as timely filed. Thank you very much.

Sincerely,


Alfredo Andrade