

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-11-2003 90053 020 \*\*\*150.00

FILED P02000112260

03 OCT 17 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000112260

1. Entity Name

BALSAM'S SWEET TREATS, INC.



Principal Place of Business  
3214 COUNTRYSIDE VIEW DRIVE  
ST CLOUD FL 34772

Mailing Address  
3214 COUNTRYSIDE VIEW DRIVE  
ST CLOUD FL 34772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2099437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKINGTON, SHARON B  
606 WISTERIA COURT  
CELEBRATION FL 34772

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLACKINGTON, SHARON B  
606 WISTERIA COURT  
CELEBRATION FL 34747 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EVANS, PAULA G  
3214 COUNTRYSIDE VIEW DR  
ST CLOUD FL 34772 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP  
☐ 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:

*Sharon B. Blackington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/03

Date

Daytime Phone #

0143088  
AT

CR2E034 (4/03)

798 Oak Shadows Rd.  
Celebration, FL 34747  
October 17, 2003

Attn: Sean Toner  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Soc.# P02000112260

Dear Mr. Toner,

Please be advised that I did NOT receive notification of a UBR application until July 2003. At that time, we called the Department of State and were told to write a letter and enclose payment for \$150.00. She did as instructed and, unfortunately, you were not able to process the application because a former employee discarded the letter.

So, at this time I am requesting that you please process our application. Thank you in advance for your assistance with this matter.

Sincerely,

Sharon B. Blackington

PLEASE NOTE ADDRESS CHANGE: