

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009508

1. Entity Name

SWEET DREAMS CAFE, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90088 038 ***150.00

Principal Place of Business

Mailing Address

3723 EAST C-30A/SEAGROVE PLAZA
 SEAGROVE BEACH FL 32459

3723 EAST C-30A/SEAGROVE PLAZA
 SEAGROVE BEACH FL 32459

2. Principal Place of Business

3723 E. Co-30A

Suite, Apt. #, etc.

Seagrove Plaza

City & State

Seagrove Beach, FLA

Zip

32459

Country

Walton

3. Mailing Address

3723 E. Co-30A

Suite, Apt. #, etc.

Seagrove Plaza

City & State

Seagrove Beach, FLA

Zip

32459

Country

Walton



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3366538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARRETT, MARIE J
 3723 EAST C-30A/SEAGROVE PLAZA
 SEAGROVE BEACH FL 32459

7. Name and Address of New Registered Agent

Name
 ROSEMARY AHRENS / Karen BARRIE

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

3723 E. County Hwy. 30A

City

Seagrove Beach

FL

Zip Code

32459

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

Rosemary Ahrens

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

(NOTE: Registered Agent signature required when reinstating)

3/6/00

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	ARTHUR, JULIA	
STREET ADDRESS	3723 EAST C 30 A	
CITY-ST-ZIP	SEAGROVE BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GARRETT, MARIE	
STREET ADDRESS	3423 EAST C 30 A	
CITY-ST-ZIP	SEAGROVE BEACH FL	

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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHRENS, ROSEMARY	
STREET ADDRESS	3723 E C 30A	
CITY-ST-ZIP	SEAGROVE BEACH, FLA. 32459	
TITLE	V. Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIE, Karen	
STREET ADDRESS	3723 E.C. 30A	
CITY-ST-ZIP	SEAGROVE BEACH, FLA. 32459	

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:

Rosemary Ahrens - ROSEMARY AHRENS - President

3/1/00 231-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)