2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # P96000010819 SWEETWATER DEVELOPMENT, INC. 05-03-2000 90115 018 ***158.75 Mailing Address Principal Place of Business 450 CHALLENGER ROAD CHALLENGER ROAD ~ ~ I O & Z CAPE CANAVERAL FL 32931-5102 APE CANAVERAL FL 32902 2. Principal Place of Business 3. Mailing Address 5505 N. Atlantic Ave. 5505 N. Atlantic Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 115 115 Applied For City & State 4. FEI Number City & State 59-3367675 Not Applicable Cocoa Beach, Cocoa Beach. Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required TISA 32931 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jacqueline McPhillips HARTMAN, MICHAEL A 450 CHALLENGER ROAD CAPE CANAVERAL FL 32092 <u>₹263</u>4 Cocoa Beach ging its registered office or registered agent, or both, in the State of Florida SIGNATURE egistered Agent signature required when reinstal FILE NOW!!! FEE IS \$150.00 ation is eligible to satisfy its Intangible 9. This corpg \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Х (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6)D۷ D/V XI Change ☐ Addition Delete TITLE TITLE MCPHILLIPS, MICHAEL McPhillips, Michael NAME NAME 450 CHALLENGER RD STREET ADDRESS STREET ADDRESS 5505 N. Atlantic Ave., #115 CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-7IP Cocoa Beach, FL 32931 DPST Change ☐ Addition ☐ Delete TITLE D/P/S/T TITLE MCPHILLIPS, JACQUELINE NAME NAME McPhillips, Jacqueline 450 CHALLENGER ROAD STREET ADDRESS STREET ADDRESS 5505 N. Atlantic Ave., #115 CAPE CANAVERAL FL 32902 CITY-ST-ZIP CITY-ST-ZIP Cocoa Beach, FL 32931 Change Delete Addition JJJLE TITLE HARTMAN, MICHAEL NAME NAME 450 CHALLENGER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32902 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE COLVARD, ALISON NAME NAME 450 CHALLENGER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32902 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 oth