

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90144 033 ***150.00

DOCUMENT # P97000060763

1. Entity Name

SWEET D, INC.

Principal Place of Business

821 NORTH EOLA DRIVE
ORLANDO FL 32803

Mailing Address

821 NORTH EOLA DRIVE
P.O. BOX 110176
PALM BAY FL 32911-176
US

80044668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 110176

Suite, Apt. #, etc.

3. Mailing Address

PO Box 110176

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Palm Bay, FL

4. FEI Number

59-3461544

Applied For

Not Applicable

Zip

Country

FL

Zip

Country

32911-0176

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOROUGH, HOWARD D
821 NORTH EOLA DRIVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Angelia Herring

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

9690 Lipscomb ST, NE

Surfside

City

Palm Bay

FL

Zip Code

32905

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

Angelia Herring

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, 2001 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 | D | <input type="checkbox"/> Delete |
| NAME | DOROUGH, HOWARD D | |
| STREET ADDRESS | 821 NORTH EOLA DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DOROUGH, JOHN | |
| STREET ADDRESS | 10292 WATER HYACINTH DR. | |
| CITY-ST-ZIP | ORLANDO FL 32825 | |
| 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 | CEO / D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | PO Box 110176 | |
| CITY-ST-ZIP | Palm Bay, FL 32911-0176 | |
| TITLE | V / D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | PO Box 110176 | |
| CITY-ST-ZIP | Palm Bay, FL 32911-0176 | |
| TITLE | P / D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOROUGH, HOKE | |
| STREET ADDRESS | PO Box 110176 | |
| CITY-ST-ZIP | Palm Bay, FL 32911-0176 | |
| TITLE | T / D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Herring, Angelia | |
| STREET ADDRESS | PO Box 110176 | |
| CITY-ST-ZIP | Palm Bay, FL 32911-0176 | |
| TITLE | S / D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOROUGH, POLLYANNA | |
| STREET ADDRESS | PO Box 110176 | |
| CITY-ST-ZIP | Palm Bay, FL 32911-0176 | |
| 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:

Angelia Herring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)