## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P97000108616

1. Entity Name



**FILED** May 02, 2003 8:00 am Secretary of State 05-02-2003 90106 048 \*\*\*150.00

PROCEDIT PECE OF DURFORS WY E  DURFON FI, 34659 US  Suite, Apa. R. etc.  Suite, Apa. R. etc.  Suite, Apa. R. etc.  Cory & State	SWEETSER CONSTRUCTION SERVICES, INC.									
Surie. Ap. II. etc.  Surie. Ap. III. etc.  Surie. Ap. II	1821 CROSS	CREEK WAY E	P.O. BOX 1194 DUNEDIN FL 34697							
Coy & State  City & State  Country  City Country	2. Principal P	ace of Business	3. Mailing Address					AI 30310 B)(1	AT TO DOTA WORK REAL	
Zip Country Zip Country Sip Country Sip S. Certificate of Status Desired Sp. 52.6 Additional Fee People Signature Agent See People See People Signature Agent See People Signature Agent See People See People See People Signature Agent See People Signature Agent See People Signature Agent See People See Peopl	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE	. IF MAKING CH	- HANGES		
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SWEETER, WALTER T  1821-CROSS CREEK WAY E  DUNEDIN FL 34698  CRY  CRY  FL  Zip Cod  CRY  CRY  CRY  FL  Zip Cod  CRY  CRY  CRY  CRY  CRY  CRY  FL  Zip Cod  CRY  CRY  CRY  CRY  CRY  CRY  CRY  CR	City & State	3	City & State			4. FEI Number 59-349493	31	<u> </u>		
SWETER, WALTER T 1821: CROSS CREEK WAY E -DUNEDIN FL: 34698  City FL Zip Code  City		Country	Zip	Coun	itry	5. Certificate of Status Desired				
SWEETER WAITER 1 1821 CROSS CREEK WAY E DUNEDIN FE; 34698  City FL Zic Code  City both, in the State of Forda. I am familier with, and accept the displacers of registered agent, or both, in the State of Forda. I am familier with, and accept the displacers of registered agent. Signature, types or prised rates of logical power of registered agent. Signature, types or prised rates of logical power of registered agent. Signature, types or prised rates of logical power of registered agent. Signature resulted when removaling)  After May 1, 2003 Fee will be \$55,000  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  MAKE STRETA ADRESS CITY-ST-2P  UNEDIN FL 34698  SITERIA ADRESS CITY-ST-2P  UNEDIN FL 34698  SITERIA ADRESS CITY-ST-2P  UNEDIN FL 34698  TILE  OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADD			Registered Agent		7. Name and Address of New Registered Agent					
18.21 CROSS CREEK WAY E  DUNEON RE; 34698  City FL Zip Code  City City City City Fl Zip Code  City City City City City Fl Zip Code  City City City City City City City City		Man-			Name					
DUNCON FILE 34698  City FL Zip Code  6. The abovis named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS 3150.00  Make Check Payable to Plorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE  NAME STRETA JORIESS  CITY-51-2P  DUNEDIN FL 34698  CITY-51-2P  DUNEDIN FL 34698  CITY-51-2P  TILE  Detele  Detele  TILE  Detele  TILE  Detele  TILE	SWEETE	r, walter t			Street Address (BO, Roy Number is Not Assentable)					
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing lits 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   Sig	1821 CR	OSS CREEK WAY E	Street Address			F.O. Box Number is Not Acceptable	е)			
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing lits 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   Sig	44 T. S. S. L. S. S.	•								
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.			<del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>			
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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: