

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014703

1. Entity Name

SWEETWATER BUILDERS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90115 004 ***150.00

Principal Place of Business

Mailing Address

1006 PINEAPPLE AVE NE
PALM BAY FL 32905

1006 PINEAPPLE AVE NE
PALM BAY FL 32905-4824

2. Principal Place of Business

3. Mailing Address

836 Sunswapt Rd. NE
Suite, Apt. #, etc.

836 Sunswapt Rd NE
Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Palm Bay, FL

Zip

32905

Country

Brevard

Zip

32905

Country

Brevard

4. FEI Number

59-3493302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEVENGER, JAMES P II.
1006 PINEAPPLE AVE NE
PALM BAY FL 32905

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.

SIGNATURE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	CLEVENGER, JAMES P II.	1006 PINEAPPLE AVE NE	PALM BAY FL 32905	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	CLEVENGER, ROSE MICHELE	1006 PINEAPPLE AVE NE	PALM BAY FL 32905	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Rose Michele Clevenger, Secretary
ROSE MICHELE CLEVENGER

2/27/00

Date

321-956-7173

Daytime Phone #

CR2E034 (9/99)