

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014703

1. Entity Name

SWEETWATER BUILDERS, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90309 048 ***150.00

Principal Place of Business

Mailing Address

836 SUNSWEPT RD NE
PALM BAY FL 32905

836 SUNSWEPT RD NE
PALM BAY FL 32905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BAY, FL

Zip

Country

Zip

Country

32905

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 2153 TAPPAN ZEE LANE
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CLEVENGER, JAMES P II.
STREET ADDRESS 1006 PINEAPPLE AVE NE
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2153 TAPPAN ZEE LANE
CITY-ST-ZIP PALM BAY, FL 32905

TITLE SD
NAME CLEVENGER, ROSE MICHELE
STREET ADDRESS 1006 PINEAPPLE AVE NE
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2153 TAPPAN ZEE LANE
CITY-ST-ZIP PALM BAY, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

Pres-R

321 956 7173

Date

Daytime Phone #

CR2E034 (10/00)