

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90376 050 ***550.00

DOCUMENT # P98000014703

1. Entity Name
SWEETWATER BUILDERS, INC.

Principal Place of Business

836 SUNSWEPT RD NE
PALM BAY FL 32905

Mailing Address

P O BOX 62036
PALM BAY FL 32905

2. Principal Place of Business

5240 Babcock St

3. Mailing Address

Suite, Apt. #, etc.

Suite 202

City & State

Palm Bay FL

City & State

Zip

Country

32905

USA

Zip

Country

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

CLEVENGER, JAMES P II.
2153 TAPPANZEE LANE
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name **CLEVENGER JAMES P II**
Street Address (P.O. Box Number is Not Acceptable) **2026 Redwood Circle**
City **Palm Bay**
FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature)
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-23-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME **CLEVENGER, JAMES P II.**
STREET ADDRESS **2153 TAPPAN ZEE LANE**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **PD** ☐ Change ☐ Addition
NAME **James clevenger II**
STREET ADDRESS **2026 Redwood Circle**
CITY-ST-ZIP **Palm Bay FL 32905**

TITLE **SD** ☐ Delete
NAME **CLEVENGER, ROSE MICHELE**
STREET ADDRESS **2153 TAPPAN ZEE LANE**
CITY-ST-ZIP **PALM BAY FL 32905**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-02 321 288 4588

Date

Daytime Phone #

CR2E034 (4/02)