

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90262 034 ***158.75

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DOCUMENT # P98000017843

1. Entity Name
SWEET DREAMS WATER CO., INC.



Principal Place of Business
**9625 ALONZO ROAD
RIVERVIEW FL 33569**

Mailing Address
**9625 ALONZO ROAD
RIVERVIEW FL 33569**



2. Principal Place of Business
9625 Wes Kearney Way
Suite, Apt. #, etc.

3. Mailing Address
9625 Wes Kearney Way
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Riverview, FL
Zip
33569

Country
US

City & State
Riverview, FL
Zip
33569

Country
US

4. FEI Number **65-0815714**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWOPE, DALE
777 S. HARBOUR ISLAND
SUITE 850
TAMPA FL 22602**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ADAMS, JERRY F
9625 ALONZO ROAD
RIVERVIEW FL 33569** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
KEARNEY, BRYAN G
9625 ALONZO ROAD
RIVERVIEW FL 33569** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9625 Wes Kearney Way
Riverview, FL 33569** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9625 Wes Kearney Way
Riverview, FL 33569** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with a copy of the empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 **813-651-0310**
Date Daytime Phone #

CR2E034 (10/02)