

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054294

1. Entity Name

SWEET MEMORIES UNLIMITED, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90017 037 ***150.00

Principal Place of Business

608 N. PARSONS AVE.
BRANDON FL 33510

Mailing Address

608 N. PARSONS AVE.
BRANDON FL 33510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3330768

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROGERS, CURTIS R
2819 RANCH ROAD
DOVER FL 33527

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE PT
NAME ROGERS, CURTIS
STREET ADDRESS 2819 RANCH ROAD
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

TITLE VPS
NAME ROGERS, CHRISTEL
STREET ADDRESS 2819 RANCH ROAD
CITY-ST-ZIP DOVER FL 33527 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Curtis Rogers 7/11/00
813-662-7166
Daytime Phone #

AXX0585

Attachment
P98000054294

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sweet Memories Unlimited, Inc.
608 N. Parsons Ave
Brandon, FL 33510-3607

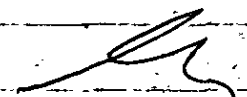
July 11, 2000

Subject: Non-Receipt of 2000
Business Report Filing.

Dear Reviewer,

Per conversation with your
office today, I attest to
non-receipt of the initial
Uniform Business Report filing.
Per your instruction, I
include the second notice
(report) filing and a filing
fee (non-penalty) of \$150.00.
Your response in this
matter is greatly appreciated.

Sincerely,


CURTIS E. HOGAN