

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT# P98000089089

1. Entity Name

SUGAR STIX, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

04-17-2000 90116 026 ***150.00

Principal Place of Business
227 BOXWOOD DR.
DAVENPORT FL 33837

Mailing Address
227 BOXWOOD DR.
DAVENPORT FL 33837-5549

2. Principal Place of Business
9550 SATELLITE BLVD

3. Mailing Address
9550 SATELLITE BLVD

Suite, Apt. #, etc.
SUITE 160

Suite, Apt. #, etc.
SUITE 160

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32837-8437

Country
USA

Zip
32837-8437

Country
USA.



DO NOT WRITE IN THIS SPACE

59-355 3271
APPLIED FOR

Applied For
Not Applicable

4. FEI Number
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNING, HAROLD L
390 NORTH ORANGE AVENUE
SUITE 800
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
STEWART THOMPSON

Street Address (P.O. Box Number is Not Acceptable)
9550 SATELLITE BLVD

SUITE 160

City
ORLANDO FL Zip Code
32837-8437

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 S.O. Thompson PRESIDENT. DATE 1/21/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
THOMPSON, STEWART O
227 BOXWOOD DR.
DAVENPORT FL 33837 PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HOLROYD JOHN C.
3 ROWLEY CLOSE
MADELEY TELFORD SHROPSHIRE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U.K.
DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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: S.O. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00 407-816-811

Date Daytime Phone #