

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-05-2003 90291 048 ***150.00

DOCUMENT # P98000107951

1. Entity Name
SWEET THOUGHTS, INC.



Principal Place of Business
**1500 APALACHEE PKWY
STE 2022
TALLAHASSEE FL 32301-3018**

Mailing Address
**C/O ACTION ACCOUNTING INC
635 BREVARD AVE
COCOA FL 32922-7807**

2. Principal Place of Business
3050 WINDWARD PLAZA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0884801

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

**CANDY CANDY
129 E. MERRITT SQ. MALL
MERRITT ISLAND FL 32952**

Name **SADRUDDIN NOOR MOHAMMED**
Street Address (P.O. Box Number is Not Acceptable)
129 E. MERRITT SQ MALL
City **MERRITT ISLAND** FL Zip Code **32952**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CANDY CANDY**
STREET ADDRESS **1500 APALACHEE PKWY #2022**
CITY-ST-ZIP **TALLAHASSEE FL 32301-3018**

TITLE **PRES/DIR** ☒ Change ☐ Addition
NAME **RUDY OBYA**
STREET ADDRESS **3050 WINDWARD PLAZA #A**
CITY-ST-ZIP **ALPHARETTA, GA, 30005**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **SADRUDDIN NOOR MOHAMMED**
STREET ADDRESS **129 E MERRITT SQ MALL**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

SADRUDDIN NOOR MOHAMMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

Date

331-638-4744

Daytime Phone #

CR2E034 (10/02)