

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000036223**

1. Entity Name

SWEET RETREATS BAKERY CORP.**FILED**
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90406 041 ***150.00

Principal Place of Business

1630 HENDRICKS AVENUE
JACKSONVILLE FL 32207

Mailing Address

1630 HENDRICKS AVENUE
JACKSONVILLE FL 32207-3110

2. Principal Place of Business

1630 HENDRICKS AVE

Suite, Apt. #, etc.

3. Mailing Address

1630 HENDRICKS AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FLCity & State
JACKSONVILLE, FL

4. FEI Number 59-3572619

Applied For
Not Applicable

Zip 32207 Country U.S.A.

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name AIMEE L SILCOX

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

1630 HENDRICKS AVE

City JACKSONVILLE FL Zip Code 32207

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 AIMEE SILCOX VICE PRESIDENT Aimee Silcox

01-21-00

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 \$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 Fee

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME DICKSON, NANCY B
STREET ADDRESS 1630 HENDRICKS AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ DeleteTITLE VTD
NAME SILCOX, AIMEE L
STREET ADDRESS 1630 HENDRICKS AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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: Aimee Silcox AIMEE SILCOX V. PRESIDENT 01-21-00 (404)396-9117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)