2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036355

1. Entity Name
SWEENEY ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -6 PM 3:54

Principal Place of Business	Mailing Address
4118 THATCH PALM COURT OVIEDO FL 32765	4118 THATCH PALM COURT OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
621 Bollweevil Circle	621 Bollweevil Cir
Suite, Apt. #, etc. 16-303	Suite, Apt. #, etc. 16-303
City & State Enterprise, AL	City & State Enterprise, AL
Zip: 36330 Country: USA	Zip: 36330 Country: USA

4. FEI Number 631246988 ☐ Applied For ☐ Not Applicable

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
SWEENEY, ALFRED EVANS 4118 THATCH PALM COURT OVIEDO FL 32765	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 Cheryl Ann Sweeney 9/9/00
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWEENEY, ALFRED EVANS 4118 THATCH PALM COURT OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003423606--1 -10/12/00--01095--034 ****550.00 ****550.00
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CR2E034 (5/00)

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: Cheryl Ann Sweeney 9/9/00 (334) 347-9498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #