FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90996 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060313

1. Entity Name
SWEET OCCASIONS, CORP.

Principal Place of Business	Mailing Address
6811 N ATLANTIC AVE STE B CAPE CANAVERAL, FL 32920	6811 N ATLANTIC AVE STE B CAPE CANAVERAL, FL 32920

2. Principal Place of Business	3. Mailing Address
6811 N ATLANTIC AVE	6811 N ATLANTIC AVE
Suite, Apt. #, etc.: SUITE B	Suite, Apt. #, etc.: SUITE B
City & State: CAPE CANAVERAL FL	City & State: CAPE CANAVERAL, FL
Zip: 32920 Country: BREVARD	Zip: 32920 Country: BREVARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3587656 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PRIEST, SUSAN
6811 N ATLANTIC AVE
STE B
CAPE CANAVERAL, FL 32920

7. Name and Address of New Registered Agent

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. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRIEST, SUSAN 6811 N ATLANTIC AVE STE B CAPE CANAVERAL, FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYERS, LISA M 342 CHANDLER STREET CAPE CANAVERAL, FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANK A. PRIEST JR. 1424 HARBOR DR MERRITT ISLAND, FL 32952	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Susan Priest SUSAN PRIEST 4-25-03 321-783-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #