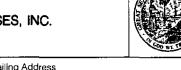
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000070644

1. Entity Name SOUTHERN SUGAR SHACKS ENTERPRISES, INC.



FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90235 015 ***150.00

Principal Place of Business 14309 CLAMSHELL LANE HUDSON FL 34667		Mailing Address 14309 CLAMSHELL LANE HUDSON FL 34667					
2. Principal Place of Business		3. Mailing Address			HULFA OLINA UDITA OCIAN 1801		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-360	39-300/130/I		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status De		8.75 Add	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of	New Registered Ag	ent	
	le, chester g Mishell lane Fl 34667			(P.O. Box Number is Not Acceptable)			
			City			Zip Code	-
**Fine 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							
Afte Make Checl	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			9. Election Campa Trust Fund Con	tribution,	Added	May Be to Fees
TITLE	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES		DIRECTORS Change	Addition
NAME STREET ADDRESS	VAN WINKLE, CHESTER G 14309 CLAMSHELL LANE HUDSON FL 34667		NAME STREET ADDRESS CITY-ST-ZIP			Change	L Addition
STREET ADDRESS	D VAN WINKLE, LINDER B 14309 CLAMSHELL LANE HUDSON FL 34667	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	िर्मिक्षिया प्राप्त शिक्ष करा विशेष । 	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

thereby 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: Chester