

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90450 014 ***150.00

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DOCUMENT # P99000096830

1. Entity Name
SUCREE SALEE, INC.

Principal Place of Business
6051 ESTERO BLVD.
FT. MYERS BEACH FL 33931

Mailing Address
6051 ESTERO BLVD.
FT. MYERS BEACH FL 33931



2. Principal Place of Business
2943 ESTERO BLVD, UNIT 2

3. Mailing Address
2943 ESTERO BLVD. UNIT 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS BEACH, FL

City & State
FORT MYERS BEACH, FL

4. FEI Number
65-0960706

Applied For
☐ Not Applicable

Zip
33931

Country

Zip
33931

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

PITTMAN, LARRY L
6051 ESTERO BLVD.
FT. MYERS BEACH FL 33931

Name
WANDERON, THOMAS

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

868 106TH AVENUE N.

City
NAPLES FL Zip Code
34108

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 **THOMAS WANDERON**

(NOTE: Registered Agent signature required when reinstating)

03/09/02
 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, 2002 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 Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D HENWOOD, STEPHAN
2943 ESTERO BLVD UNIT 2
FORT MYERS BEACH FL 33931 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D HENWOOD, LINDA
2943 ESTERO BLVD UNIT 2
FT. MYERS BEACH FL 33931 ☐ Delete

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

TITLE
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TITLE
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 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: **Linda Henwood**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/02 **941-765-4411**
 Date Daytime Phone #

CR2E034 (9/01)