

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90028 007 \*\*\*550.00

**DOCUMENT # P98000040263**

1. Entity Name  
**ALPHABET SOUP, INC.**

Principal Place of Business

584 S. BREVARD AVE.  
 ARCADIA FL 34266

Mailing Address

P.O. BOX 2823  
 ARCADIA FL 34265

00000044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

584 S. Brevard Ave.  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2823  
 Suite, Apt. #, etc.

City & State

Arcadia FL

City & State

Arcadia FL

4. FEI Number

59-3520286

Applied For

Not Applicable

Zip Country  
 34266 Desoto

Zip Country  
 34265 Desoto

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IRWIN, JENNY  
 1712 S.E. PEACH DR.  
 ARCADIA FL 34266

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.

SIGNATURE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	IRWIN, JENNY	
STREET ADDRESS	1712 SE PEACH DR	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IRWIN, JEFFERY	
STREET ADDRESS	1712 SE PEACH DR	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00

Date

(863)993-0796

Daytime Phone #

CR2E034 (5/00)