

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90008 014 ***150.00

DOCUMENT # P99000100390

1. Entity Name

ORIGINAL PIRATE JUICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 25 CAUSEWAY BLVD..#3 CLEARWATER FL 33767	Mailing Address 25 CAUSEWAY BLVD..#3 CLEARWATER FL 33767-2064
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEL Number 59-3611445	Applied For Not Applicable
Zip	Country USA	Zip	Country USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WOZENCRAFT, PAMELA
 25 CAUSEWAY BLVD.,#3
 CLEARWATER FL 33767

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 _____ (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 \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tracey Kennedy Pinckney <input type="checkbox"/> Delete 25% 736 ISLANDWAY #402 CLEARWATER FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS R. PINCKNEY <input type="checkbox"/> Delete 25% 736 ISLANDWAY #402 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAMELA WOZENCRAFT <input type="checkbox"/> Delete 25% 25 CAUSEWAY BLVD SLIP #3 CLEARWATER FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Wozencraft <input type="checkbox"/> Delete 25% 25 CAUSEWAY BLVD SLIP #3 CLEARWATER FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tracey Kennedy - Pinckney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25% 736 ISLANDWAY #402 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS R. Pinckney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25% 736 ISLANDWAY #402 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Wozencraft <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25% 25 CAUSEWAY BLVD #3 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAMELA WOZENCRAFT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25% 25 CAUSEWAY BLVD #3 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: TRACEY KENNEDY-PINCKNEY *Tracey Kennedy Pinckney*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5-1-00

CR2E034 19/99