

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90003 026 ***150.00

DOCUMENT # P99000100390

1. Entity Name
ORIGINAL PIRATE JUICE, INC.

Principal Place of Business
25 CAUSEWAY BLVD.,#3
CLEARWATER FL 33767

Mailing Address
~~25 CAUSEWAY BLVD.,#3~~
~~CLEARWATER FL 33767~~

Tracey Kennedy-Pinckney
736 ISLAND WAY #402



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Clearwater FL

4. FEI Number **59-3611445**

Applied For
 Not Applicable

Zip

Country

Zip
33767

Country
USA

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

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

Business Location!
← NOT MAILING Address

Name
Tracey Kennedy-Pinckney
 Street Address (P.O. Box Number is Not Acceptable)
736 ISLAND WAY #402
~~Clearwater~~
 City
Clearwater FL Zip Code
33767

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 **Tracey Kennedy-Pinckney** OFFICER/OWNER 5-31-01
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's 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!
After MAY 1, 2001
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 | P | <input type="checkbox"/> Delete |
| NAME | KENNEDY-PINCKNEY, TRACEY | |
| STREET ADDRESS | 736 ISLAND WAY #402 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | PINCKNEY, THOMAS R | |
| STREET ADDRESS | 736 ISLAND WAY #402 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| 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 | | |

| | | |
|----------------|------------------------------|--|
| TITLE | (OFFICER) - V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WOZENCRAFT, PAMELA | |
| STREET ADDRESS | 294 SPOTTIS WOODS CT. | |
| CITY-ST-ZIP | CLEARWATER, FL 33756 | |
| TITLE | (OFFICER) - C | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WOZENCRAFT, WILLIAM | |
| STREET ADDRESS | 294 SPOTTIS WOODS CT. | |
| CITY-ST-ZIP | CLEARWATER, FL 33756 | |
| 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 |
| 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 officers empowered.

SIGNATURE: **Tracey Kennedy-Pinckney** 5-31-01 727 443-5645
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)