

DOCUMENT # **V47172**

1. Entity Name

JUICE CONCENTRATES INTERNATIONAL, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90102 007 ***150.00

Principal Place of Business 1101 VERNON AVE NW WINTER HAVEN FL 33881 US		Mailing Address 1101 VERNON AVE NW WINTER HAVEN FL 33881-1359 US	
2. Principal Place of Business 1990 8th Terrace SE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7545 Suite, Apt. #, etc.	
City & State Winter Haven, FL		City & State Winter Haven, FL	
Zip 33880	Country Polk	Zip 33883	Country Polk



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3131291	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent THOMAS, CHARLES P 1101 VERNON AVE NW WINTER HAVEN FL 33881	
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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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, CHARLES P 1101 VERNON AVE NW WINTER HAVEN FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, CHARLES P II 12147 SCOTT DRIVE DADE CITY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICHARDSON, VICKIE 1565 S. LAKESHIPP DRIVE WINTER HAVEN FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1990 8th Terrace SE Winter Haven, FL 33880
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00
Date

863-274-9592
Daytime Phone #