

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90028 044 \*\*\*150.00

**DOCUMENT # K09675**

1. Entity Name

**SKINNY SNACKS INC.**

Principal Place of Business

Mailing Address

~~7360 S.W. 121 ST.~~

~~7360 S.W. 121 ST.~~

~~MIAMI FL 33156~~

~~MIAMI FL 33905-6415~~

US

US

2. Principal Place of Business

3. Mailing Address

**4251 Woodbrier Dr**

**4251 Woodbrier Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**FL Myers FL**

**FL Myers FL**

4. FEI Number **65-0063488**

Applied For

Not Applicable

**33905 USA**

**33905 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

**HUTH, DIANE C**  
~~7360 S.W. 121 ST.~~  
~~MIAMI FL 33156~~

Name

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

**4251 Woodbrier Dr**

**FL Myers**

**FL**

**33905**

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 **PM** ☐ Delete  
NAME **HUTH, DIANE**  
STREET ADDRESS ~~7360 S.W. 121 ST.~~  
CITY-ST-ZIP ~~MIAMI FL 33156~~

TITLE ☒ Change ☐ Addition  
NAME **4251 Woodbrier Dr**  
STREET ADDRESS **FL Myers FL 33905**  
CITY-ST-ZIP

TITLE **VM** ☐ Delete  
NAME **HUTH, MARVIN**  
STREET ADDRESS **1329 GOETHALS, APT. 4**  
CITY-ST-ZIP **RICHLAND WA 99352**

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

TITLE **DCS** ☐ Delete  
NAME **NESTORE, SCODRO**  
STREET ADDRESS **4201 COLLINS AVE., APT. 2503**  
CITY-ST-ZIP **MIAMI BCH FL 33140**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 on 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

Date

Daytime Phone #

CR2E034 (9/99)