

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K91991

1. Entity Name

NUTS TO YOU, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90047 002 \*\*\*150.00

Principal Place of Business	Mailing Address
% SUE L. EVERETT 4627 - 27TH AVENUE NORTH ST. PETERSBURG FL 33713	% SUE L. EVERETT 4627 - 27TH AVENUE NORTH ST. PETERSBURG FL 33713-2044

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-2951009	Applied For
		Not Applicable

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
EVERETT, SUE L. 4627 - 27TH AVENUE NORTH ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

## OFFICERS AND DIRECTORS

ADDRESS	ST-ZIP	DELETE
D EVERETT, SUE L. 4627 27TH AVE NORTH ST PETERSBURG FL		<input type="checkbox"/>
ADDRESS	ST-ZIP	DELETE
D EVERETT, WILLIAM T. 4627 27TH AVE NORTH ST PETERSBURG FL		<input type="checkbox"/>
ADDRESS	ST-ZIP	DELETE
		<input type="checkbox"/>
ADDRESS	ST-ZIP	DELETE
		<input type="checkbox"/>
ADDRESS	ST-ZIP	DELETE
		<input type="checkbox"/>
ADDRESS	ST-ZIP	DELETE
		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 stated 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE L. EVERETT **SIGNATURE REQUIRED** RESUE L. EVERETT, PRESIDENT 2/03/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)