

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006605

1. Entity Name  
XTREME JUICE - KIRKMAN, L.L.C.

FILED

01 MAR -5 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
132 E. COLONIAL DRIVE, SUITE 209  
ORLANDO FL 32801

Mailing Address  
132 E. COLONIAL DRIVE, SUITE 209  
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5816 CONROCK RD.  
Suite, Apt. #, etc.

3. Mailing Address  
5816 CONROCK RD.  
Suite, Apt. #, etc.

City & State  
Orlando, FL  
Zip  
32835  
Country

City & State  
Orlando FL  
Zip  
32835  
Country

4. FEI Number  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAUSSEN, SCOTT  
557 NORTH WYMORE ROAD, SUITE 100  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name  
SCOTT CLAUSSEN  
Street Address (P.O. Box Number is Not Acceptable)  
5816 CONROCK RD.  
City  
ORLANDO FL Zip Code  
32835

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCOTT CLAUSSEN 5816 CONROCK RD ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003829454--8 -03/03/01--01142--020 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

0006296 AF

CR2E083 (11/00)