## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9700003465



## FILED Sep 18, 2000 8:00 am

JUST BETWEEN TEENS, INC.	5		Secretary of State 09-18-2000 90038 028 ****61.50  AUU79223			
Principal Place of Business  3300 LOVELAND BLVD STE 3502 PORT CHARLOTTE FL 33980 US	Mailing Address 3300 LOVELAND BLVD STE 3502 PORT CHARLOTTE FL 339 US	3300 LOVELAND BLVD STE 3502 PORT CHARLOTTE FL 33980-6727				
2. Principal Place of Business	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State	City & State		4. FEI Number 65-0800323 Applied For Not Applicable		
Zip Country	Zip	Country	5. Certificate of St		<b>75</b> Additional Required	
6. Name and Address of Cur	rent Registered Agent		7. Name and Add	ress of New Registered Agen	it	
		Name		<i>"</i> –	. ]	
MARRYOTT, THOMAS D 126 E. OLYMPIA AVE., STE. 408	Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
PUNTA GORDA FL 33950	•					
		City	City PUNTA GURDA FL ZID COOD 3 3750		Zip Code	
O The share are all onlike as builts this statement	ant for the aurope of changing it				7,7,5	
8. The above named entity submits this statement of the s	ing the burbose of changing it	s registered office of regis	stered agent, or both, in	the state of Florida.		
				4/14/60		
SIGNATURE THOM AS 1) MA	FRYOTT			9/14/60		
Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25				Make Check Payable to to Fees Department of State		
10. OFFICERS AN	D.DIRECTORS	11,	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECT	ORS IN 10	
NAME MULVEY, JOHN STREET ADDRESS 126 E. OLYMPIA AVE., STE.	☐ Delete	TITLE NAME STREET ADDRESS		·	Change	
CHY-ST-ZIP PUNTA GORDA FL 33950		CITY-ST-ZIP			Change Addition	
NAME CASANUEVA, DARRYL C STREET ADDRESS 126 E. OLYMPIA AVE., STE.	☐ Delete	TITLE NAME STREET ADDRESS			Change	
CITY-ST-ZIP PUNTA GORDA FL 33950		CITY-ST-ZIP				
TITLE DP  NAME GOGGIN, JOSEPH		TITLE NAME	eera emije	,, L	Change Addition	
STREET ADDRESS 128 E. OLYMPIA AVE., STE.	AOR	STREET ADDRESS			ļ	
CITY-ST-ZIP PUNTA GORDA FL 33950	100	CITY-ST-ZIP				
TITLE D	□ Delete	TITLE	<del></del>		Change Addition	
NAME HAYMANS, KENTON H		NAME				
STREET ADDRESS 126 E. OLYMPIA AVE., STE.	408	STREET ADDRESS				
CITY-ST-ZIP PUNTA GORDA FL.33950		CITY-ST-ZIP	,			
TITLE V.	☐ Delete	TITLE			Change	
NAME MACWILLIAMS, JUDY	400	NAME			Ì	
STREET ADDRESS 126 E. OLYMPIA AVE., STE.	4U0	STREET ADDRESS CITY-ST-ZIP				
7			<del></del> .		Change	
NAME MARRYOTT, THOMAS D	☐ Delete	TITLE NAME		Ц	Change Addition	
STREET ADDRESS 126 E. OLYMPIA AVE., STE.	408	STREET ADDRESS			1	
CITY-ST-ZIP PUNTA GORDA FL 33950		CITY-ST-ZIP				
12. I hereby certify that the information supplied indicated on this report or susplemental ren	d with this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i), Flo	orida Statutes. I further certify the	nat the information	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmy name address with all other like empowered.

SIGNATURE:

941.764-1200 Daytime Phone #