

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90103 027 ***150.00

042468

DOCUMENT # P00000078113

1. Entity Name

DOUBLE D SMOOTHIES, INC.

Principal Place of Business

1704 SPLIT FORK DRIVE
 OLDSMAR FL 34677

Mailing Address

1704 SPLIT FORK DRIVE
 OLDSMAR FL 34677

00017924

2. Principal Place of Business

1906 GULF TO BAY BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1704 SPLIT FORK DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Oldsmar FL

4. FEI Number

59-3662523

Applied For

Not Applicable

Zip

33765

Country

USA

Zip

34677

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARKRIANES, DONALD L
 1704 SPLIT FORK DRIVE
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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, 2001 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

TITLE: President - Treasurer
 NAME: Donald Mark Krianes
 STREET ADDRESS: 1704 Split Fork Dr.
 CITY-ST-ZIP: Oldsmar FL 34677 ☐ Delete

TITLE: Vice President - Secretary
 NAME: David Mark Krianes
 STREET ADDRESS: 2545 N.E. Couchman Rd #56
 CITY-ST-ZIP: Clearwater, FL 33765 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

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

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 STREET ADDRESS: ☐ Change ☐ Addition
 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:

Donald Mark Krianes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

787-446-6619
 Daytime Phone #

CR2E034 (10/00)