

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90031 033 ***158.75

045276
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DOCUMENT # P01000033109

1. Entity Name

JUCYFOODS, INC.

JUCY FOODS, INC.

Principal Place of Business

**1859 N. WASHINGTON AVE STE 5000
 CLEARWATER FL 33755-1862**

Mailing Address

**1859 N. WASHINGTON AVE STE 5000
 CLEARWATER FL 33755-1862**

2. Principal Place of Business

2374 BOHANNAN ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKHURST, FL

City & State

4. FEI Number

59-3715645

Applied For

Not Applicable

Zip

34604

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WARTH, KATHLEEN J

**1859 N. WASHINGTON AVE STE 5000
 CLEARWATER FL 33755-1862**

7. Name and Address of New Registered Agent

Name

KATHLEEN J WARTH

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

1548 CONDON AVE.

City

SPRING HILL

FL

Zip Code

34604

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Kathleen J. Warth *Kathleen J. Warth 3/1/2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)