

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90008 040 ***150.00

DOCUMENT # P01000109592

1. Entity Name
JUST SAY NUTS, INC.

Principal Place of Business
 1961 N. 56TH WAY
 HOLLYWOOD FL 33021

Mailing Address
 1961 N. 56TH WAY
 HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1155-164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEVINE & SEGAUL, P.A.
SUITE A-106
4300 N. UNIVERSITY DRIVE
FORT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name *Kathleen T. Brock*
Street Address (P.O. Box Number is Not Acceptable)
1961 N 56 Way
City *Hollywood* **FL** **Zip Code** *33021*

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 *Kathleen T. Brock Vice President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>Vice President</i>	<input type="checkbox"/> Delete
NAME	<i>Kathleen T. Brock</i>	
STREET ADDRESS	<i>1961 N 56 Way</i>	
CITY-ST-ZIP	<i>Hollywood FL 33021</i>	
TITLE	<i>Vice President</i>	<input type="checkbox"/> Delete
NAME	<i>Christopher Herlovich</i>	
STREET ADDRESS	<i>3660 N 56 Ave, #615</i>	
CITY-ST-ZIP	<i>Hollywood FL 33021</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 T. Brock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

Daytime Phone #

CR2E034 (9/01)