

**FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90729 027 ***150.00

DOCUMENT # P02000052610

1. Entity Name

NANNY'S OLD FASHION LEMONADE INC



DO NOT WRITE IN THIS SPACE

90119724

2. Principal Place of Business
808 WILDWOOD CIRCLE

3. Mailing Address
808 WILDWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT ORANGE FL

City & State
PORT ORANGE FL

4. FEI Number
04-3670737

Applied For
Not Applicable

Zip Country
32127 US

Zip Country
32127 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VIRGINA HODKOSKI

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

City PORT ORANGE FL Zip Code 32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME THOMAS HODKOSKI
STREET ADDRESS 808 WILDWOOD CIRCLE
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS
NAME VIRGINA HODKOSKI
STREET ADDRESS 808 WILDWOOD CIRCLE
CITY-ST-ZIP PORT ORANGE FL 32127

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

766-6094
4/30/03 386-760-1892
Date Daytime Phone #

CR2E034B (12/02)