

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089965

1. Entity Name

NATURAL JUICE VENDORS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90108 043 \*\*\*150.00

Principal Place of Business 1951 DOBBS ROAD UNIT 14 ST AUGUSTINE FL 32086	Mailing Address 1951 DOBBS ROAD UNIT 14 ST AUGUSTINE FL 32086-5141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>370 FLORIDIAN AVE.</b>	3. Mailing Address <b>370 FLORIDIAN AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>St. Augustine, FL</b>	City & State <b>St. Augustine, FL</b>
Zip <b>32084</b>	Zip <b>32084</b>
Country	Country

4. FEI Number <b>59-3294485</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**OLSZEWSKI, RICHARD A**  
**1951 DOBBS ROAD**  
**UNIT 14**  
**ST AUGUSTINE FL 32086**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLSZEWSKI, RICHARD A</b> <b>370 FLORIDIAN AVE</b> <b>ST AUGUSTINE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard A. Olszewski **REGISTERED** Jan 20, 2000 904-460-0540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)