

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083859

1. Entity Name

XTREME JUICE, INC.

Principal Place of Business

7542 UNIVERSITY BLVD
WINTER PARK FL 32972
US

Mailing Address

7542 UNIVERSITY BLVD
WINTER PARK FL 32801-1236
US

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

59-3345748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAUSSEN, SCOTT
7542 UNIVERSITY BLVD
WINTER PARK FL 32972

Name

SCOTT CLAUSSEN

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

132 E. Colonial Dr. Suite 207

City

Orlando

FL

Zip Code

32801

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

Scott Clausen SCOTT CLAUSSEN PRESIDENT

4/20/00

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, 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	CLAWSON, MATT	7542 UNIVERSITY BLVD	WINTER PARK FL 32972	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	CLAUSSEN, SCOTT	7542 UNIVERSITY BLVD	WINTER PARK FL 32972	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

407-540-0048

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90030 047 ***150.00