

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90017 028 ***150.00

DOCUMENT # P97000041640

1. Entity Name

MJ SMOOTHY'S, INC.

R

Principal Place of Business

**8 FOURTH ST N
 ST. PETERSBURG FL 33701**

Mailing Address

**8 FOURTH ST N
 ST. PETERSBURG FL 33701**

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

59-3439008

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

**MAXWELL, BRYAN
 8 4TH STREET NORTH
 ST. PETERSBURG FL 33701**

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

[Signature] **BRYAN MAXWELL PRESIDENT** **7.6.00**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	MAXWELL, BRYAN	
STREET ADDRESS	555 - 16TH AVENUE, NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JANZ, RONALD	
STREET ADDRESS	396 LEWIS BLVD., SE	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature] **BRYAN MAXWELL PRESIDENT** **7.6.00** **(727) 821-5084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 15/00

Attachment
D# 090000741640
PW 131415

7.11.00
For some reason or another
we did not receive the
"first notice." Upon receiving
the "second notice," we called
your office and were advised
to just read the original
fee amount. If there is
anything else we need to do
please let us know.

Thank You Very much
MJ SMOOTHY'S