

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97600051696

i. Entity Name

WE'RE NUTS!, INC.

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90042 005 \*\*\*150.00

Principal Place of Business

Mailing Address

S/A

2509 SW 73<sup>rd</sup> TERR.  
 DAVIE, FL. 33317

552997

Principal Place of Business

S/A

3. Mailing Address

2509 SW 73<sup>rd</sup> TERR

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE, FL

4. FEI Number

65-0768810

Applied For

Not Applicable

Zip

Country

Zip

33317

Country

USA

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

ELAINE SCOLA  
 2509 SW 73<sup>rd</sup> TERR  
 DAVIE, FL. 33317

Name

Jim SCOLA

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

2509 SW 73<sup>rd</sup> TERR.

City

DAVIE

FL

Zip Code

33317

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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, 2001 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER ELAINE SCOLA 2509 SW 73 <sup>rd</sup> TERR. DAVIE, FL. 33317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER Jim SCOLA 2509 SW 73 <sup>rd</sup> TERR DAVIE, FL. 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

4/24/01 (954) 581-7477

CP-2034 (11/00)