

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

06-19-2001 90004 024 ***150.00
 09-12-2001 90204 029 ***400.00

DOCUMENT # P98000000482

1. Entity Name
WE R NUTS, INC.

Principal Place of Business
**506 VIRGINIA ST.
 FORT WALTON BEACH FL 32548**

Mailing Address
**506 VIRGINIA ST.
 FORT WALTON BEACH FL 32548**

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 **59-3491996**

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

**DOTY, CHRISTINE
 506 VIRGINIA STREET
 FORT WALTON BEACH FL 32548**

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, 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 12, 2001 Fee 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 NAME ☐ Delete
**P
 DOTY, CHRISTINE A
 506 VIRGINIA ST
 FT. WALTON BEACH FL 32547**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
**V
 DOTY, NEIL R
 506 VIRGINIA ST
 FT. WALTON BEACH FL 32547**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP

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 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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 Required
Christine A. Doty
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-01 (850) 243-6682
 Date Daytime Phone #

CR2E034 (5/01)