

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001561

1. Entity Name

CELEBRITY BLEND SERIES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90079 019 ***150.00

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 2165 BOW LANE SAFETY HARBOR FL 34695 | 2165 BOW LANE SAFETY HARBOR FL 34695-2235 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | 59-3483704 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| MIZIO, ARMANDO F 25400 U.S. 19 NORTH STE. 210 CLEARWATER FL 33763 | 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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| | | | |
|----------------------------|------------------------|---|--|
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PD | TITLE | |
| NAME | SHEKERYK, MELAINE A | NAME | |
| STREET ADDRESS | 2165 BOW LANE | STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | CITY-ST-ZIP | |
| TITLE | VSD | TITLE | |
| NAME | SCHEKERYK, PETER D | NAME | |
| STREET ADDRESS | 2165 BOW LANE | STREET ADDRESS | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 another like empowered.

SIGNATURE: Peter Schekeryk Date: 04/27/00 (727) 724-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #