

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000077390**

1. Entity Name

SMOOTHIE ADVENTURES I, INC.**FILED**
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90021 022 ***150.00

Principal Place of Business

**3679 RUSTIC LANE
JACKSONVILLE FL 32217**

Mailing Address

**3679 RUSTIC LANE
JACKSONVILLE FL 32217-4235****CHANGE****C0074829**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10111-12 SAN JOSE BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 24869

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3531844

Applied For

Not Applicable

Zip

32251

Country

U.S.A.

Zip

32241

Country

U.S.A.5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAWRENCE, GEORGE A
3679 RUSTIC LANE
JACKSONVILLE FL 32217**

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, GEORGE A	
STREET ADDRESS	3679 RUSTIC LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANE, DAVID R	
STREET ADDRESS	959 WATERMAN RD N	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, LARRY D	
STREET ADDRESS	17029 CANDERENDA DE AVILA	
CITY-ST-ZIP	TAMPA FL 33613	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, BRANT A	
STREET ADDRESS	3679 RUSTIC LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/00

Daytime Phone #

(904) 636-8830