

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90007 031 ***150.00

DOCUMENT # P99000045331

1. Entity Name

OLYMPIA BLENDS NUTRITION CENTER & JUICE BAR, INC

R

Principal Place of Business

21771 WEST MONT COURT
 BOCA RATON FL 33428

Mailing Address

21771 WEST MONT COURT
 BOCA RATON FL 33428-4817

2. Principal Place of Business

4575 BEE RIDGE Rd.

3. Mailing Address

4575 BEE RIDGE Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA FL

Zip

34233

Country

U.S.

Zip

34233

Country

U.S.

4. FEI Number

65-0922358

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SAMUELS, LEONARD K
 BERGER DAVIS & SINGERMANN
 100 NE 3RD AVENUE SUITE 400
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Nancy PAPPAS

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

5221 Ocean Blvd #286

City

SARASOTA

FL

Zip Code

34242

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

NANCY PAPPAS

Nancy Pappas

7/25/00

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 \$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	PAPPAS, NANCY	
STREET ADDRESS	5221 OCEAN BLVD., #286	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	ETHRIDGE, THOMAS	
STREET ADDRESS	5221 OCEAN BLVD., #286	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Pappas

7/25/00 941 341 0916

Date

Daytime Phone #

(11-1) (6-1) (2-1)

**Olympia Blends Nutrition
Center & Juice Bar, Inc.**

4575 Bee Ridge Road
Sarasota, FL 34233

Attachment
P99000045331
A070270

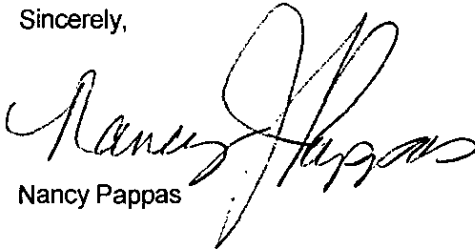
July 25, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find completed 2000 Uniform Business Report for Olympia Blends Nutrition Center & Juice Bar, Inc. along with applicable fees. ~~Because the principal place of business address was~~ incorrect, we did not receive anything from the state notifying us of our renewal until now. We are asking to waive the late fee. Your help and assistance will be greatly appreciated.

Sincerely,


Nancy Pappas