

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078831

1. Entity Name

CRAZY JUICE, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90009 005 ***150.00

Principal Place of Business

Mailing Address

6505 THOMAS DR.
PANAMA CITY FL 32408

PO BOX 27488
PANAMA CITY FL 32411-7488

2. Principal Place of Business

6505 THOMAS DR.

3. Mailing Address

P.O. Box 27488

Suite, Apt. #, etc.

1015

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32408

Country

FLA

Zip

32411

Country

FLA

4. FEI Number

59-3600564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUGHT, BRUCE A
501 HIGHWAY 98, SUITE G
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name BRUCE A. HAUGHT

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

501 Highway 98, Suite G

City Destin

FL

Zip Code

32541

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 DP
NAME RUSSELL, CAROLYN
STREET ADDRESS PO BOX 27488
CITY-ST-ZIP PANAMA CITY FL 32411

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

CAROLYN S. RUSSELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN S. Russell 3-8-2000 233-8433

Date

Daytime Phone #

CR2E034 (9/99)