

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098757

1. Entity Name

SMOOTHIE EXTREMES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90144 028 ***150.00

Principal Place of Business

Mailing Address

8837 RUNNYMEADE ROAD
JACKSONVILLE FL 32257

8837 RUNNYMEADE ROAD
JACKSONVILLE FL 32257-5241

2. Principal Place of Business

2. Mailing Address

10584-15 Old St. Augustine

10584-15 Old St. Augustine

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32257

De Val

32257

De Val



DO NOT WRITE IN THIS SPACE

4. FEL Number

593 607 501

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 *Robert Flanagan*
Signature, typed or printed name of registered agent and title if applicable.

Robert Flanagan President
(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:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME FLANAGAN, ROBERT
STREET ADDRESS 12668 Gathering Oaks Dr
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

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

TITLE SVD
NAME FLANAGAN, MARIANNE
STREET ADDRESS 12668 Gathering Oaks Dr
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

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:

Robert Flanagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/9/00)