

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098842

1. Entity Name

BENTLEY'S HEALTH & NUTRITIONAL SYSTEMS NO. 2, IN

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90104 029 ***150.00

Principal Place of Business

Mailing Address

SMOOTHIE KING
665 LONGWOOD-LAKE MARY RD
LAKE MARY FL 32746

SMOOTHIE KING
665 LONGWOOD-LAKE MARY RD
LAKE MARY FL 32746-3757

SMOOTHIE KING

2. Principal Place of Business

3. Mailing Address

P.O. BOX 780501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

4. EFL Number

36-4340489

Applied For

Not Applicable

Zip

Country

32878-0501

Country

USA

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

LOUVIERE, BENTLEY J
12140 COLLEGIATE WAY #100
ORLANDO FL 32817

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *P.V.P.T.* ☐ Delete
NAME *LOUVIERE, BENTLEY J*
STREET ADDRESS *725 EGRET LANDING PLACE #105*
CITY-ST-ZIP *ORLANDO, FL 32825*

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Bentley Louviere **BENTLEY LOUVIERE**

Date

Daytime Phone #

4/18/00 (407) 381-2900

CR2E034 (9/99)