2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90392 038 ***150.00

045978 AV

DOCUMENT # L62048

1. Entity Name
MEL'S CAFE, INC.

11053465

Principal Place of Business	Mailing Address
5404 CYPRESS CENTER	5404 CYPRESS CENTER
TAMPA FL 33609	TAMPA FL 33609

2. Principal Place of Business	3. Mailing Address
3031 W. Rocky Point Dr West	3031 N. Rocky Point Dr West
Suite, Apt. #, etc.: Suite 125	Suite, Apt. #, etc.: Suite 125
City & State: TAMPA FL	City & State: TAMPA FL 33607
Zip: 33607 Country: U.S.A	Zip: 33607 Country: U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3010793 ☐ 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
KUTCHINS, BRYAN A	Name: same
3711 TAMPA ROAD, SUITE 103	Street Address (P.O. Box Number is Not Acceptable)
OLDSMAR FL 34677	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILBURN, MARLENE E 514 AVERY AVENUE CRYSTAL BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILBURN, JOHN F 514 AVERY AVENUE CRYSTAL BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED M. Milburn — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-25-03 Daytime Phone #: 813 288-8908