FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L64344

1. Entity Name

Executive Cafe of Clearwater, Inc.

DO NOT WRITE IN THIS SPACE

U00000154049
05/04/04-80150-021 150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
25400 U.S. Highway 19 North	Same
Suite, Apt. #, etc.: 205	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State
Zip: 33763 / Country	Zip / Country

4. FEI Number: 59-3006030 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: George Elmoussa

Street Address (P.O. Box Number is Not Acceptable): 25400 U.S. Highway 19 North, Suite 205

City: Clearwater **FL** Zip Code: 33763

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: _____ George Elmoussa 4-30-04

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	George Elmoussa
STREET ADDRESS	25400 US Highway 19 North, Suite 205
CITY-ST-ZIP	Clearwater, FL. 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	U00000154049
CITY-ST-ZIP	05/04/04-80150-021 150.00
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	**IN THIS SPACE**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ George Elmoussa, President 4-30-04 727-797-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #