## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P020000 78285

1. Entity Name

FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90038 039 \*\*\*150.00

My Brothers Coffee C			• 0	0004-
DO NOT WRITE	E IN THIS SPAC	<b>,</b>	40	000151
2. Principal Place of Business	3. Mailing Address			
PO BOX 151053	PO BOX 151053	3	DO NOT WRITE IN T	THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WELL IN	IIII SI ACE
City & State	City & State		4. FEI Number	Applied For Not Applicable
Cape Coral FL	Cape Coral, F	L	82-0554931	\$8.75-Additional
339/5 LEE		E'E	5. Certificate of Status Desired	Fee Required
70,13			7. Name and Address of Current Regis	stered Agent
	····	Name Steve	en C Simmons	
DO NOT WRITE		Street Address (P.O. Box Number is Not Acceptable)		
IN THIS S	PACE	171 %		
· · · · · · · · · · · · · · · · ·	. ,	City -		Zip Code
M M	<u>-</u>	City Cape (	oral	FL 33991
8. The above named entity submits this statement	for the purpose of changing its registe	ered office or registere	ed agent, or both, in the State of Florida.	
02-0-	_			-1-2002
SIGNATURE Signature, typed or printed name of registered age	Steven ( S.;	nmられ\$ red Agent signature required		DATE
	Jenuary 1 - May 1			
9. This corporation is eligible to satisfy its Intangit Tax filing requirement and elects to do so.	is \$550.00	<ol> <li>Election Campaign Financia Trest Fund Contribution.</li> </ol>	9 \$5.00 May Be Added to Fees	
(See criteria on back)	Amended UBR Make Check Payable to	োs ≱৬1.25 Department of Stat		Zi Added to 1 cos
	ID DIRECTORS			
TITLE President, Trea usies	r, Difector 1	TLE		
NAME Steven Simmons		AME	•	
STREET ADDRESS 914 SW 19th Jane		FREET ADDRESS		
City-ST-ZIP Cape Coin, FI 3399		TV CT 710		
		TY-ST-ZIP		
TITLE VILL President	11	TLE		
NAME Michael Simmons	(T			
TITLE VILL President  NAME Michael Simmons  STREET ADDRESS 444 SM 1447 LARE	11 No.	TLE AME		
NAME NAME STREET ADDRESS GITY-ST-ZIP  Cupe (ora), F1 339	TI N S C	TLE AME TREET AODRESS		
TITLE VILL President  NAME Michael Simmons  STREET ADDRESS GITY STO 1914 IAAR  CITY-ST-ZIP Cupe (ora), FI 339  TITLE Secretary	11 N. S. S. C. C. T. T. N. T.	TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CUPE (OTA) FI 339  TITLE  SECT E TORY  MAME  MACHET ADDRESS  STREET ADDRESS	TI NA S	TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS	DO NOT W	
TITLE VILL President  NAME Michael Simmons  STREET ADDRESS GITY SID 1917 lank  CITY-ST-ZIP Cope (ora), F1 339  TITLE Secretary  NAME Machelle Simmons	11 N. S. C. C. T. S. S. S. S. C. C. S. S. S. S. C. C. S.	TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP	DO NOT W	RITE
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TITLE NAME NAME NICHAEL SIMMONS STREET ADDRESS CITY-ST-ZIP Cupe (ora), F1 339 TITLE NAME STREET ADDRESS CITY-ST-ZIP Cupe (ora) THE Secretary Machelle Simmons CITY-ST-ZIP Cupe (oral, F1 32) THE NAME	TI N. S. C. T. S. S. C. C. T. S. S. C. C. T. N. S. S. S. C. C. T. N. S. S. S. C. C. T. N. S. S. C. C. T. N. S. S. S. C. C. T. N. S.	TILE AME TREET ADDRESS TTY- ST- ZIP TILE AME TREET ADDRESS TTY- ST- ZIP TILE AME TITLE AME TITLE AME AME		RITE
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SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-2002 234-574-4915