

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
 03-29-2001 91016 008 \*\*\*150.00

0882949

**DOCUMENT # P97000067138**

1. Entity Name  
**LIQUID CAFE CO.**

Principal Place of Business      Mailing Address  
 2236 1ST ST.                              2236 1ST ST.  
 FT. MYERS FL 33901                      FT. MYERS FL 33901

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                              Country                      Zip                              Country

4. FEI Number **65-0774368**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**734993**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**VACCA, SANDRA**  
**2236 1ST ST.**  
**FT. MYERS FL 33901**

7. Name and Address of New Registered Agent  
 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 *Sandra J Vacca*      DATE 1/6/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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  Delete  
 NAME **D CAPALDI, SHELLY**  
 STREET ADDRESS **2236 1ST ST.**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

Change  Addition

TITLE  Delete  
 NAME **D MINER, JASON**  
 STREET ADDRESS **2236 1ST ST.**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

Change  Addition

TITLE  Delete  
 NAME **D VACCA, SANDRA**  
 STREET ADDRESS **2236 1ST ST.**  
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **PRESIDENT**  Change  Addition  
 NAME **VP S**  
**T MD**

TITLE  Delete

Change  Addition

TITLE  Delete

Change  Addition

TITLE  Delete

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 authority empowered.

SIGNATURE: *Sandra J Vacca*      **PRESIDENT**      Date 9/1/01      10/4/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)