

2004 FOR PROFIT CORPORATION

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90744 042 ***150.00

DOCUMENT # **PO3000110732**

1. Entity Name

4th Ave. Cafe

Principal Place of Business

Mailing Address

**3202 E 4th Ave
Tampa FL 33605**

03040884

2. Principal Place of Business

3202 E 4th Ave

Suite, Apt. #, etc.

3. Mailing Address

3202 E 4th Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

☒ 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

Name

Kimberly Gunes

Street Address (P.O. Box Number is Not Acceptable)

3208 E. Hanna

City

Tampa

FL

Zip

33610

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

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 **Sandra Davis** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **Kimberly Gunes** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **Kimberly Gunes** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **Sandra Davis** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kimberly Gunes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 / (813) 393-7027
Daytime Phone #