

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-03-2003 90171 001 ***300.00

190

DOCUMENT # F09275

1. Entity Name
COFFEE BREAK TIME, INC.



Principal Place of Business
% EMERY MILES
305 MAGNOLIA AVE
AUBURNDALE FL 33823
US

Mailing Address
% EMERY MILES
721 AVENUE F SE
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2047543

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

MILES, EMERY
721 AVENUE F SE
WINTER HAVEN FL 33880

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. 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

TITLE PD
NAME MILES, EMERY V
STREET ADDRESS 721 AVENUE F S E
CITY-ST-ZIP WINTER HAVEN, FL 3

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

Emery V Miles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/03 (888) 965-1563
Date Daytime Phone #

CR2FC-4 (10/02)



Fla. Department of State
Attention Justin Shivers

7-11-03

Justin,
The Reason for my late Filing
OF Corp. Pol000004766 And Corp F09275
was due to my oldest son being unwell in Pa.
And also I have multiple SOBRS And
was in the Hospital for a couple of
weeks

I'm so sorry I missed the
Filing Date And was late

Thanks for your help.

Sincerely yours

Emy V. Miles