

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90082 044 \*\*\*150.00

MARKER AV

**DOCUMENT # H24950**

1. Entity Name  
**JOFFREY'S COFFEE & TEA CO.**



Principal Place of Business  
1711 WEST PLATT STREET  
TAMPA FL 33606-1835  
US

Mailing Address  
1711 WEST PLATT STREET  
TAMPA FL 33606-1835  
US



2. Principal Place of Business ~~Superstore~~  
**3803 COMPONEX PARK DR**  
Suite, Apt. #, etc.  
**SUITE 400**

3. Mailing Address  
**3803 COMPONEX PARK DR**  
Suite, Apt. #, etc.  
**SUITE 400**

CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33619**

Country  
**H. LL Shung**

Zip  
**33619**

Country  
**H. LL Shung**

4. FEI Number **59-2472816**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ABRAMS, TED C**  
**1711 WEST PLATT ST**  
**TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3803 COMPONEX PARK DR**  
**SUITE 400**  
City **Tampa** **FL** Zip Code **33619**

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 *Ted C. Abrams* DATE 3/14/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>ABRAMS, TED C<br>1711 WEST PLATT STREET<br>TAMPA FL 33606-1835 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CHRM<br>HICKEY, ROBERT<br>1711 WEST PLATT ST<br>TAMPA FL 33606        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HICKEY, ROBERT<br>1711 WEST PLATT ST<br>TAMPA FL 33606           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>3803 COMPONEX PARK DR SUITE 400</b><br><b>Tampa, FL 33619</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>3803 COMPONEX PARK DR SUITE 400</b><br><b>Tampa, FL 33619</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>3803 COMPONEX PARK DR SUITE 400</b><br><b>Tampa, FL 33619</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Ted C. Abrams* DATE 3/14/03 **813-250-0104**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)