

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90072 041 \*\*\*150.00

UNIFORM AV

**DOCUMENT # K97255**  
 1. Entity Name  
**SUNCREST COFFEE & TEA, INC.**

Principal Place of Business      Mailing Address  
**3450 OCEAN BEACH BLVD., #605**      **3450 OCEAN BEACH BLVD., #605**  
**COCOA BEACH FL 32931**      **COCOA BEACH FL 32931**



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      Applied For  
**59-2949011**      Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CHILDERS, BONNIE**  
**840 BREVARD AVENUE**  
**SUITE B**  
**ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent  
 Name: **Bonnie Childers**  
 Street Address (P.O. Box Number is Not Acceptable): **1495 W. KING ST**  
 City: **Cocoa**      State: **FL**      Zip Code: **32922**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>PLEDGER, DOROTHY S</b> <b>3450 OCEAN BCH. BLVD., SUITE 605</b> <b>COCOA BEACH FL 32931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>PLEDGER, THOMAS D</b> <b>3450 OCEAN BCH. BLVD., SUITE 605</b> <b>COCOA BEACH FL 32931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

**SIGNATURE:** *Dorothy S Pledger* **REQUIRED**      Date: **3-11-02**      Daytime Phone #: **321-799-4550**

CR2E034 (9/01)