

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90136 013 ****50.00

DOCUMENT # L01000012636

1. Entity Name

JUICE AND JAVA CAFE, LLC

Principal Place of Business

**1070 N. WICKHAM RD
 MELBOURNE FL 32935**

Mailing Address

**22 COUNTRY CLUB RD
 COCOA BEACH FL 32931**

901600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 N. Brevard Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Zip
32931

Country

Brevard

Zip

Country

4. FEI Number

65-1125517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BROWN, KIMBERLY A
 22 COUNTRY CLUB RD
 COCOA BEACH FL 32931**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 BROWN, DAVID D
 22 COUNTRY CLUB RD
 COCOA BEACH FL 32931** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 BROWN, KIMBERLY A
 22 COUNTRY CLUB RD
 COCOA BEACH FL 32931** ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/29/02 321-784-4044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)