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## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 14, 2002 8:00 am DOCUMENT # L01000019660 **Secretary of State** 01-14-2002 90027 037 \*\*\*\*50.00 BAD ASS COFFEE CO., FL., LLC Principal Place of Business Mailing Address 1014 UNDERWOOD AVE. 1014 UNDERWOOD AVE. PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. EEI Number 59 - 375 4060 Applied For City & State City & State Not Applicable \$5.00 Additional Country Zip Country Žip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent والمشابلية فالمرا LEMOX, EDWARD F III Street Address (P.O. Box Number is Not Acceptable) 1014 UNDERWOOD AVE. PENSACOLA FL 32504 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Addition TITLE Change ☐ Delete TITLE President Edward F. Lemox, III 1014 UNDERWOOD Are NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL-32504 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ÑĀME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.