

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N18698**1. Entity Name  
**ACROSSTOWN COFFEEHOUSE INC.**

Principal Place of Business	Mailing Address
1804 SW 35 PLACE	1804 SW 35 PLACE
GAINESVILLE FL 32608 US	GAINESVILLE FL 32608 US

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  
**59-2794510**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORLANDO ANNE 1711 SW 43 AVENUE  GAINESVILLE FL 32608 US	Name ORLANDO ANNE Street Address (P.O. Box Number is Not Acceptable) 1804 SW 35 PLACE  City GAINESVILLE FL Zip Code 32608

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 **ANNE M. ORLANDO****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table border="0"><tr><td>TITLE</td><td>DPD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BLAKESLY JONI</td><td></td></tr><tr><td>STREET ADDRESS</td><td>P.O. BOX 12372 N/A</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>GAINESVILLE FL 32604</td><td></td></tr></table>	TITLE	DPD	<input type="checkbox"/> Delete	NAME	BLAKESLY JONI		STREET ADDRESS	P.O. BOX 12372 N/A		CITY-ST-ZIP	GAINESVILLE FL 32604		<table border="0"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Anne Orlando****DBM****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)