## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P00000034139 **DOCUMENT #**

1. Entity Name

THE WHITE SWAN CAFE, INC.



**FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90435 019 \*\*\*150.00

Principal Place of Business 5000 NORTH U.S. HIGHWAY 27 OCALA FL 34482		Mailing Address 5000 NORTH U.S. HIGHWAY 27 OCALA FL 34482						
Principal Place of Business     3. Mailing Address		SS		- 4 (COLICO) IN OCHI ODNI ADNI BUN DENE SUN -	11611 01001 11 <b>880</b> 1111 <b>8 15</b> 11 1 <b>01</b> 1			
Suite, Apt. #, etc. Suite, Apt. #, etc.		tc.		☐ CHECK HERE IF MAKING CHANGES				
ate	City & State			4. FEI Number 52-2243086	Applied For Not Applicable			
Country	Zip	Count	ry		\$8.75 Additional Fee Required			
6. Name and Address of Curr	ent Registered Agent	96		7. Name and Address of New Registered	Agent			
			Name					
5000 NORTH U.S. HIGHWAY 27			Street Address (P.O. Box Number is Not Acceptable)					
L 34482		,						
			City	FL	Zip Code			
e named entity submits this statemer	nt for the purpose of chan	nging its registere	d office or register	ed agent, or both, in the State of Florida. I am f	amiliar with, and accept			
mons of registered agent.								
- v								
Signature, typed or printed name of registered ag	gent and title if applicable.	(NÖTE: Registered	Agent signature required	when reinstating) DATE				
				9 Floation Campaign Financina	CE 00			
				Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10040				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
	∟i Dele				☐ Change ☐ Addition   S			
FOOD MODITULE CHICARAY OF			l		5			
OCALA FL 34482	<del></del>				Change Addition			
D) (D)				·····	🐰			
DVPS	☐ Dele	ete TITLE			☐ Change ☐ Addition ☐			
	Place of Business  t. #, etc.  Country  6. Name and Address of Curr  THUR F JR.  RTH U.S. HIGHWAY 27  L 34482  e named entity submits this statementions of registered agent.  Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00  in May 1, 2003 Fee will be \$550.ik Payable to Florida Departmen  OFFICERS AI  CDAS  PEARSALL, RICHARD L  5000 NORTH U.S. HIGHWAY 10 OCALA FL 34482	Place of Business  3. Mailing Address t. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  THUR F JR.  RTH U.S. HIGHWAY 27  L 34482  e named entity submits this statement for the purpose of charations of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  ir May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of State  OFFICERS AND DIRECTORS  CDAS  PEARSALL, RICHARD L 5000 NORTH U.S. HIGHWAY 27  OCALA FL 34482	Place of Business  3. Mailing Address  t. #, etc.  Suite, Apt. #, etc.  City & State  Country  Country	Place of Business  3. Mailing Address  1. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Ame  Country  Country  Ame  Country  Ame  Country  Ame  City & State  Country  Ame  Street Address of Current Registered Agent  Name  THUR F JR.  RTH U.S. HIGHWAY 27  L 34482  City  City  e named entity submits this statement for the purpose of changing its registered office or register attions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required for May 1, 2003 Fee will be \$550.00	Place of Business  3. Mailing Address  Liff, etc.  Suite, Apt. #, etc.  City & State  Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL  e named entity submits this statement for the purpose of changing its registered office or registered agent.  Signature, typed or printed name of registered upon and total applicable.  Signature, typed or printed name of registered of State  CDAS  PEASALL, RICHARD L  SOM NORTH U.S. HIGHWAY 27  CDAS  CDAS			

NAME STREET ADDRESS CITY-ST-ZIP	PEARSALL, RICHARD L 5000 NORTH U.S. HIGHWAY 27 OCALA FL 34482	Li Delete	NAME STREET ADDRESS CITY-ST-ZIP				Grange	L HOURIUDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS ECKMAN, KENNETH A 5000 NORTH U.S. HIGHWAY 27 OCALA FL 34482	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT TAIT, JR, ARTHUR F 5000 N. US HIGHWAY 27 OCALA FL 34482	☐ Deléte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" : <u>-</u>	.*	 	Change	☐ Addition
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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)(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 a

SIGNATURE: