

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90137 002 \*\*\*150.00

**DOCUMENT # P00000048595**

1. Entity Name  
**KONA COFFEE CONNECTION, INC.**

Principal Place of Business <b>6541 N SOCRUM LP          LAKELAND FL 33809</b>	Mailing Address <b>6541 N SOCRUM LP          LAKELAND FL 33809</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6541 N. Soceum loop Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>6541 N. Soceum loop Road</b> Suite, Apt. #, etc.
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City & State <b>Lakeland, Florida</b>	City & State <b>Lakeland, Florida</b>
Zip <b>33809</b>	Country <b>Polk</b>

4. FEI Number <b>94-3359873</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**WICKERSHAM, TANYA**  
**6541 N SOCRUM LOOP ROAD**  
**LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name  
**Wickeesham, Tanya**

Street Address (P.O. Box Number is Not Acceptable)  
**6541 N. Soceum loop Rd.**

City  
**Lakeland**

State  
**FL**

Zip Code  
**33809**

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 \_\_\_\_\_

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	<b>P</b> <b>RUSSO, JOSEPH</b> <b>918 HAMMOCK SHADE DRIVE</b> <b>LAKELAND FL 33809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WICKERSHAM, MICHAEL</b> <b>278 GRANITE DRIVE</b> <b>LAKELAND FL 33809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WICKERSHAM, TANYA</b> <b>278 GRANITE DRIVE</b> <b>LAKELAND FL 33809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RUSSO, ELIZABETH</b> <b>918 HAMMOCK SHADE DRIVE</b> <b>LAKELAND FL 33809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tanya Wickeesham 4/20/02 863-859-7632  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/01)