

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91341 022 ***150.00

DOCUMENT # P00000071065

1. Entity Name

COOL BEANS COFFEE COMPANY

Principal Place of Business

**59 MAGNOLIA DRIVE
 APT. #5
 ST. AUGUSTINE FL 32080**

Mailing Address

**50 MAGNOLIA DRIVE
 APT A
 ST. AUGUSTINE FL 32080**

2. Principal Place of Business

**3 ST. GEORGE ST
 Suite, Apt. #, etc.**

3. Mailing Address

**103 A CERRO ST
 Suite, Apt. #, etc.**

City & State

**ST. AUGUSTINE, FL
 Zip 32084
 Country ST. JOHNS**

City & State

**ST. AUGUSTINE, FL
 Zip 32084
 Country ST. JOHNS**

4. FEI Number

65-1025083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLLERAN, JOHN J
 59 MAGNOLIA DRIVE, APT. #5
 ST. AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

103 A CERRO ST

City

ST. AUGUSTINE

FL

Zip Code

32084

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

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	CEOD HOLLERAN, JOHN 50 MAGNOLIA DRIVE, APT A ST. AUGUSTINE FL 32080	<input type="checkbox"/> Delete ADDRESS CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BARNBY, DAVID 28 HOPE STREET SAINT AUGUSTINE FL 32084	<input type="checkbox"/> Delete ADDRESS CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	103 A CERRO ST ST AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	103 A CERRO ST. ST AUGUSTINE FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **DAVID BARNBY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02
 Date

904-825-4662
 Daytime Phone

CR2E034 (9/01)