

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 90854 015 ***150.00

DOCUMENT # P00000076792

1. Entity Name
WAVES CAFE, INC.

Principal Place of Business
4255 A1A SOUTH
ST AUGUSTINE BEACH FL 32080

Mailing Address
4255 A1A SOUTH
ST AUGUSTINE BEACH FL 32080

965225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4255 A1A SOUTH
 Suite, Apt. #, etc.
STE 6

3. Mailing Address
24 AIKEN PLACE
 Suite, Apt. #, etc.

City & State
ST AUGUSTINE FL.

City & State
ST AUGUSTINE FL.

4. FEI Number **59-3662618**

Applied For
 Not Applicable

Zip
32080

Country

Zip
32084

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARDELL, JACK G
24 AIKEN PLACE
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **P WARDELL, JACK G** ☐ Delete
 STREET ADDRESS **24 AIRKEN PLACE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE
 NAME **ST ROBERTS, ELLEN M** ☐ Delete
 STREET ADDRESS **4633 AVE C**
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02
 Date

904 824-8078
 Daytime Phone #

CR2E034 (9/01)