

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079892

1. Entity Name

TED'S PLACE GRAPHIC CAFE, INC.

**FILED**  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90080 005 \*\*\*150.00

Principal Place of Business

3326 S.E. 1ST AVE  
CAPE CORAL FL 33904

Mailing Address

3326 S.E. 1ST AVE  
CAPE CORAL FL 33904

2. Principal Place of Business

7181 COLLEGE PKWY

Suite, Apt. #, etc.  
36

City & State

FT MYERS FL

Zip

33907

Country

USA

3. Mailing Address

7181 COLLEGE PKWY

Suite, Apt. #, etc.  
36

City & State

FT MYERS FL

Zip

33907

Country

USA

4. FEI Number

65-1048869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OBRECHT, MARILYN  
3326 S.E. 1ST AVE  
CAPE CORAL FL 33904

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 Marilyn E Obrecht

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, 2001 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 PRESIDENT/TREASURER ☐ Delete  
NAME MARILYN OBRECHT  
STREET ADDRESS 3326 SE 1ST AVE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VICE PRES/SECRETARY ☐ Delete  
NAME TED OBRECHT  
STREET ADDRESS 3326 SE 1ST AVE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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: Marilyn E Obrecht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

941.275.7648

Daytime Phone #

CR2E034 (10/00)