

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-03-2001 91162 043 ***150.00

DOCUMENT # P00000113291

1. Entity Name

CAFE VILANO, INC.

Principal Place of Business

Mailing Address

80 E. VILANO RD.
ST. AUGUSTINE FL 32084

80 E. VILANO RD.
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

80 Vilano Rd

80 Vilano Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Augustine

St. Augustine

Zip

County

Zip

County

32084

St. Johns

32084

St. Johns

4. FEI Number

FEIN 59-3692660

Applied For

Not Applicable

5. Certificate of Status Desired.

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Jim Lucas

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

2836 Coastal Hwy. Unit 5

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

Jim Lucas

Jim Lucas

5-30-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

President

Jim Lucas

2836 Coastal Hwy. Unit 5

St. Augustine, FL 32084

SC. & TREASOR

Sandra Johnson

2836 Coastal Hwy. Unit 5

St. Augustine, FL 32084

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

Jim Lucas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

6-26-01

Date

904-808-7130

Daytime Phone #

CR2E034 (10/00)