

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91000 014 ***150.00

DOCUMENT # P01000001006

1. Entity Name

MELISSA'S CAFE-DELI, INC.



Principal Place of Business

6550 CAROLINE ST
MILTON FL 32570

Mailing Address

6550 CAROLINE ST
MILTON FL 32570

2. Principal Place of Business

6550 CAROLINE ST
Suite, Apt. #, etc.

3. Mailing Address

6550 CAROLINE ST
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MILTON, FL

City & State

MILTON, FL

4. FEI Number

59-3689891

Applied For

Not Applicable

Zip

32583

Country

Santa Rosa

Zip

32583

Country

Santa Rosa

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAUT, SYBIL L
6380 BUTTERNUT DRIVE
MILTON FL 32583

7. Name and Address of New Registered Agent

Name
Sybil L Gaut
Street Address (P.O. Box Number is Not Acceptable)
6380 Butternut Dr.
City Milton, FL Zip Code 32583

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sybil L Gaut V.P. + Treas. Sybil L Gaut V.P. + Treas. 4-3-03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P. + S. BALDERSTON, BARBARA A 6201 FOX RUN ST. MILTON FL 32583	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V.P. + T. GAUT, SYBIL L 6380 BUTTERNUT DR. MILTON FL 32583	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sybil L Gaut V.P. + Treas. 4-3-03-850-981-6209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)