

2002 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 04, 2002 8:00 am
Secretary of State

07-17-2002 90126 009 ***150.00

DOCUMENT # P01000061840

1. Entity Name

DELICIOUS CAFE CORP.



Principal Place of Business

**5675 NEW TAMPA HWY STE 7
 LAKELAND FL 33815**

Mailing Address

**5675 NEW TAMPA HWY STE 7
 LAKELAND FL 33815**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

POLK

4. FEI Number

59-3724597

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

**PETTY, KAREN L
 5675 NEW TAMPA HWY STE 7
 LAKELAND FL 33815**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	D PETTY, KAREN L 5675 NEW TAMPA HWY STE 7 LAKELAND FL 33815	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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:

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

7/12/02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

Doc. # Pd0000061840

JULY 12, 2002

TO WHOM IT MAY CONCERN: [REDACTED]

I AM WRITING THIS LETTER TO 40532
APOLOGIZE AND EXPLAIN A MISTAKE I
MADE ON FEBRUARY 2, 2002.

BEING IT IS MY FIRST TIME AS A
BUSINESS OWNER, I MISTAKENLY SENT
A CHECK TO THE DEPT. OF REVENUE
INSTEAD OF THE DEPT. OF STATE.

UP UNTIL I RECEIVED YOUR LETTER
LAST WEEK I THOUGHT EVERYTHING
WAS PAID UP TO DATE.

IF YOU COULD ONLY IMAGINE HOW UPSET-
TING IT WAS TO REALIZE THAT I SENT
MY PAYMENT TO THE WRONG DEPT.
I ALWAYS TAKE PRIDE ON PAYING MY
BILLS ON TIME.

PLEASE ACCEPT MY SINCERE APOLOGY
FOR THE MIXUP WHICH CAUSED A DELAY
IN MY PAYMENT.

PLEASE ACCEPT MY CHECK OF \$150.00
AS PAYMENT FOR MY CORPORATION FEE.

SINCERELY,

Karen Pelly

Document

#Pd0000061840