

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90286 020 \*\*\*150.00

<b>DOCUMENT # P01000063931</b>			
1. Entity Name <b>CAFE SONOMA, INC.</b>			
Principal Place of Business <b>1998 W. LAS BRIAS WAY JACKSONVILLE FL 32224</b>		Mailing Address <b>1998 W. LAS BRIAS WAY JACKSONVILLE FL 32224</b>	
2. Principal Place of Business <b>1183 BEACH BLVD</b>		3. Mailing Address <b>1183 BEACH BLVD</b>	
Suite, Apt. #, etc. <b>JACKSONVILLE BCH FL</b>		Suite, Apt. #, etc. <b>JAX BCH FL</b>	
City & State		City & State	
Zip <b>32250</b>	Country <b>USA</b>	Zip <b>32250</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number <b>59-3730325</b>	
Applied For Not Applicable		Applied For Not Applicable	
8.75 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>MILLER, JOHN MCE 333 FIRST ST. N. SUITE 305 JACKSONVILLE FL 32250</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MULLIS, CHRISTINE</b> <b>172 CORAL WAY</b> <b>JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JEFF NORDMAN</b> <b>1998 W. LAS BRIAS WAY</b> <b>JAX FL 32224</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <i>Christine Mullis</i>		Date: <i>1/30/02</i> Daytime Phone #: <i>246-6151</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/01)