

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90123 024 \*\*\*150.00

**DOCUMENT # P01000063931**

1. Entity Name  
**CAFE SONOMA, INC.**



Principal Place of Business  
**1183 BEACH BLVD  
JACKSONVILLE BEACH FL 32250**

Mailing Address  
**1183 BEACH BLVD  
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3730325**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**MILLER, JOHN MCE.  
333 FIRST ST. N.  
SUITE 305  
JACKSONVILLE FL 32250**

## 7. Name and Address of New Registered Agent

Name **Jeffrey P. Nordman**  
Street Address (P.O. Box Number is Not Acceptable)  
**1998 W. Las Brisas Way**  
City **Jacksonville** FL Zip Code **32224**

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 Jeff Nordman  
Signature, typed or printed name of registered agent and title if applicable.

**JEFF NORDMAN PRESIDENT**

**4/15/03**  
DATE

(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 **D** ☐ Delete  
NAME **MULLIS, CHRISTINE**  
STREET ADDRESS **172 CORAL WAY**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **P** ☐ Delete  
NAME **NORDMAN, JEFF**  
STREET ADDRESS **1998 W LAS BRIDAL WAY**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1183 Beach Blvd.**  
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1998 W. Las Brisas Way**  
CITY-ST-ZIP **Jacksonville, FL 32224**

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

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: JEFF NORDMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03**  
Date

**904-246-6151**  
Daytime Phone #

CR2E034 (10/02)