

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000097249**

1. Entity Name

JOHN & MARY'S SWEETWATER CAFE' INC.

FILED 09-30-2002 90178 008 ****61.25
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P01000097249

02 OCT -3 PM 12:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3850 E. GULF TO LAKE HWY

Suite, Apt. #, etc.

3. Mailing Address

3850 E GULF TO LAKE HWY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
INVERNESS FL

Zip
34453

Country
USA

City & State
INVERNESS FL

Zip
34453

Country
USA

4. FEI Number

59-3748340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARY A. BRYANT

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

3850 E GULF TO LAKE HWY

City

INVERNESS

FL

Zip Code

34453

**DO NOT WRITE
IN THIS SPACE**

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

Mary A. Bryant

- President

Signature type or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when resigning)

9-25-02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D, P	BRYANT, MARY A.	2924 CLEARWOOD ST	INVERNESS FL 34452
D, VP	BAILEY, JOHN F.	2924 CLEARWOOD ST	INVERNESS FL 34452
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary A. Bryant

MARY A BRYANT

Date

9-25-02

Daytime Phone #

352-2267670

CR2E034B (12/01)