

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90198 031 \*\*\*150.00

**DOCUMENT # P01000112173**

1. Entity Name  
**COFFEEEXPRESSO, INC.**



Principal Place of Business  
**6370 LONG LEAF PINE DRIVE  
JUPITER FL 33458**

Mailing Address  
**6370 LONG LEAF PINE DRIVE  
JUPITER FL 33458**



2. Principal Place of Business  
**2036 Stansail Lane**

Suite, Apt. #, etc.  
**Jupiter, FL**

City & State  
**33477**

Zip  
**U.S.A.**

3. Mailing Address  
**4300 S. US Highway #1**

Suite, Apt. #, etc.

**203-318**

City & State  
**Jupiter, FL**

Zip  
**33477**

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0567012**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**KRAMER, SCOTT ESQ.  
6650 WEST INDIANTOWN ROAD  
SUITE 200  
JUPITER FL 33458**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. Title 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

**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 ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DONAN, MARY A**  
CITY-ST-ZIP **6370 LONG LEAF PINE DRIVE-  
JUPITER FL 33458**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **Donan Mary**  
STREET ADDRESS **2036 Stansail Lane**  
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

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

**2/12/03**  
Date

**561 762 5913**  
Daytime Phone #

CR2F034 (10/02)