

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90194 020 ***158.75

DOCUMENT # P02000010408

1. Entity Name
THIRTEEN BEAN INC.



Principal Place of Business
625 STATE ROAD 13
SUITE 100
JACKSONVILLE, FL 32259 US

Mailing Address
8300 PLAZA GATE LANE
#1021
JACKSONVILLE, FL 32217 US

90029031

2. Principal Place of Business

585 ST. Rd. 13

Suite, Apt. #, etc.

Suite 100

City & State

Jax. FL.

Zip

32259

Country

US

3. Mailing Address

1500 Lemonwood Rd.

Suite, Apt. #, etc.

City & State

Jacksonville FL.

Zip

32259

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0383761

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEBOK, TRENT S
8300 PLAZA GATE LANE
#1021
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name

SEBOK, Trent S.

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

1500 Lemonwood Road

City

Jacksonville

FL

32259

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]

Trent S. SEBOK President

2-11-03

(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
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SEBOK, TRENT S	
STREET ADDRESS	8300 PLAZA GATE LANE #1021	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	V	☐ Delete
NAME	WELCH, CHARLES F	
STREET ADDRESS	941 LAHON DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	S	☐ Delete
NAME	SEBOK, ROBIN L	
STREET ADDRESS	PLAZA GATE LANE #1021	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
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	President	☒ Change ☐ Addition
NAME	Trent S. Sebok	
STREET ADDRESS	1500 Lemonwood Rd.	
CITY-ST-ZIP	Jacksonville FL. 32259	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec.	☒ Change ☐ Addition
NAME	Robin L. Sebok	
STREET ADDRESS	1500 Lemonwood Rd.	
CITY-ST-ZIP	Jacksonville FL. 32259	
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:

[Signature]

Trent Sebok President

2-11-03

904-509-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)