

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-06-2003 90048 028 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040971

1. Entity Name
ROBERT COFFEE, INC.



Principal Place of Business
1918 DEL PRADO BLVD.
UNIT # 1
CAPE CORAL FL 33990

Mailing Address
772 PONDELLA RD
UNIT N-169
NORTH FORT MYERS FL 33990



2. Principal Place of Business

3. Mailing Address

1637 EDITH ESPLANDER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

CAPE CORAL, FL

4. FEI Number

03-0435503

Applied For

Not Applicable

Zip

Country

Zip

Country

33904

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLIGAN & SIGNORELLA, P.A.
1500 COLONIAL BLVD.
103
FORT MYERS, FL FL 33907

Name

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

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, 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PRES
STREET ADDRESS ROBERT COFFEE
CITY-ST-ZIP 1637 EDITH ESPLANDER
CAPE CORAL, FL 33904

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

TITLE
NAME VICE PRES.
STREET ADDRESS ROBERT COFFEE
CITY-ST-ZIP SAME

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

TITLE
NAME SEC
STREET ADDRESS ROBERT COFFEE
CITY-ST-ZIP SAME

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

TITLE
NAME PRES.
STREET ADDRESS ROBERT COFFEE
CITY-ST-ZIP SAME

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

(239) 574-6700

Date

Daytime Phone #

CR2E034 (10/02)