

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90079 044 \*\*\*150.00

**DOCUMENT # P02000044577**

1. Entity Name  
**TWO BROTHERS COFFEE SERVICE, INC.**



Principal Place of Business  
**100 LUCAS ROAD  
MERRITT ISLAND FL 32952**

Mailing Address  
**100 LUCAS ROAD  
MERRITT ISLAND FL 32952**

2. Principal Place of Business

3. Mailing Address

**405 RIVERSIDE AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MERRITT ISLAND, FLORIDA**

4. FEI Number

**37-1428873**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32953**

**U.S.**

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

**MENYHART, ANDREW W ESQ  
160 MCLEOD STREET  
MERRITT ISLAND FL 32953**

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  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
KERMISH, GEOFFREY  
100 LUCAS ROAD  
MERRITT ISLAND FL 32952** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
KERMISH, MATTHEW  
100 LUCAS ROAD  
MERRITT ISLAND FL 32952** ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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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: Matthew Kermish** **REQUIRED SIGNATURE** **MATTHEW KERMISH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-03 (321) 453-3795**

Date

Daytime Phone #

CR2E034 (10/02)