## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Apr 28, 2003 8:00 am Secretary of State

4/1

Principal Place of Business   Mailling Address	DOCUMENT # P02000047050  1. Entity Name LONGPOINT CAFE, INC.					04-14-200	3 90392	036 **	*150.00	
Suito, Apt. 4, etc.  City & State  Country  Country  Experiment of Country	100B LONGPOINT RD 100B LONGPOINT RD					1 (88) 1022 : III 88/1/2 (78) 14 8/1/4 FRID	erii enn el	al tosm sero	BUNI SBNI 1881	1
Suito, Apt. 4, etc.  City & State  Country  Country  Experiment of Country	2 Principal	Disco of Duringer	2 Molling Address		<del></del>					
City & State  Country  Country  S. Certificate of Status Desired  S. Certificate of Status D			3. Mailing Audiess					.,	4414 4 200 1941	
Determinant	Suite, Apt	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				_
S. Centricale of Status Desired   Fee Required    T. Name and Address of New Registered Agent    T. Name and Address of New Registered Agent    This me  ANDERSON, J PATRICK    SOS S HARBOR CITY BLUD STE 505    MELBOURNE FI, 32901    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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac	City & Sta	te	City & State			4. FEI Number 058 - 99	17		<del>`</del>	<u> </u>
ANDERSON, J PATRICK Son S HARBOR CITY BLVD STE 505  MELBOURNE FL 32901  8. The above named entity submitishis statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SIRET ADDRESS  CITY-S1-2P  CHANGES  CH	Zip	Country	Zip Coun		try	5. Certificate of Status Desired \$8.75 Additional				
ANDERSON, J PATRICK  \$30 S HARBOR CITY BLVD STE 505  MELBOURNE FL 32901  2 City FL Zip Code  City FL Z	·	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent				₫.
Signature  FILE NOW III FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  ITHE  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS IN 11  THE  NAME  STRET ADDRESS  OFFI-5-2P  OFFI-5-2P  OFFI-5-2P  OFFI-5-2P  OFFI-5-2P  OFFI-5-2P  OFFI-5-2P  OFFI-6-3-2P  OFFI-6-3-3-2P  OFFI-6-3-3-3P  OFFI-6-3-3-3P					Name					7
### Addition  #### Addition  ##### Addition  ###################################	·				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submissible 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    SUBMATURE										7
SIGNATURE   Sommula, hypertor intere of experience requisite it appetance appets to disting it appetance appets appets to disting it appetance appets appetance appets to disting it appets appetance appets	in the state of th				City			FL Zip Code		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	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.									1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  11.	1	<u> </u>			. <b>_</b>					1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE INAME SIRET ADDRESS CITY-ST-2IP TITLE INAME			nd title it applicable. (NOTE	Registered	Agent signature required	when reinstating)	DATE	· · · ·		4
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME GEBELEIN, DALE TREA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  OCHANGE Addition TITLE NAME GEBELEIN, DALE TREA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  OCHANGE Addition TITLE NAME OCHANGES CITY-ST-ZP  Addition OCHANGES CITY-ST-ZP	After May 1, 2003 Fee will be \$550.00									
TITLE GEBELEIN, DALE TRIBE GEBELEIN, DALE TRIBE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME				111		ADDITIONS/CHANGES TO DEFIC	FRS AND D	RECTOR	S IN 11	┦
NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   C		<del></del>		-		ADDITIONS/CHANGES TO OTTIO				ନ୍ଧ
NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   C	NAME			NAME		,				) P
NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   C					ř					8
NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   C		2 WELDOUNKE DEACH IL 35301		┨─	<del></del>			7 (	T 44400	걸
STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP			L_I Delete		l.		L	unange	☐ Accition	5
TITLE			•							
NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Change   Addition	CITY-ST-ZIP			CITY-	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  NAME  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME			,Delete	2			[	Change		╢
CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME			· · · · · · · · · · · · · · · · · · ·			·				-
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM						•				{
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE		☐ Delete	TITLE		<del></del>		] Change	Addition	1
CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM										
TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME  Delete TITLE NAME  TITLE NAME  TARGET  Addition Addition Addition NAME				•	l l					
NAME STREET ADDRESS CITY-SI-ZIP  TITLE Delete NAME  NAME  NAME  NAME  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME				—	51- <i>1</i>  P			7.05	C Mercin	-
STREET ADDRESS CITY-S1-ZIP  TITLE Delete TITLE NAME  STREET ADDRESS CITY-S1-ZIP  CITY-S1-ZIP  CHANGE  STREET ADDRESS CITY-S1-ZIP  CHANGE  Addition NAME		}	Ł_i Delete		1		i.	] Change	MOREOUN	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         .					i i					1
NAME NAME					l l					
	TITLE		☐ Delete	TITLE				Change	Addition	1
SIMELI ADDRESS I				E .					: 2	.
CITY-ST-ZIP CITY-ST-ZIP									·*	1

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 cath; 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

4-11-53

321-923-8839