


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-01-2003 90058 040 ***550.00

DOCUMENT # P02000059931

1. Entity Name
WHEAT BERRIES ARTISAN BISTRO, INC.



Principal Place of Business
2004 CRYSTAL LAKE DR
DESTIN FL 32541

Mailing Address
2004 CRYSTAL LAKE DR
DESTIN FL 32541

55054738

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number
04-3677619

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLUE, ROB JR
221 MCKENZIE AVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$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	D BLUE, ROB JR 2004 CRYSTAL LAKE DR DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christine C. Shoop 2004 Crystal Lake Drive Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: *Christine C. Shoop* **7-28-03** **850-622-9152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (4/03)

Attachment

BURKE, BLUE & HUTCHISON, P.A.
ATTORNEYS AND COUNSELORS AT LAW

BAYTOWNE OFFICE PLAZA
215 GRAND BLVD.
SUITE 101
SANDESTIN, FLORIDA 32550-7830
TELEPHONE (850) 267-9498
FACSIMILE (850) 267-9499
EMAIL: burkeblue@burkeblue.com

LES W. BURKE
ROB BLUE, JR.
EDWARD A. HUTCHISON, JR.
ELIZABETH J. WALTERS*
DOUGLAS L. SMITH**
MICHAEL S. BURKE
M. TODD BURKE
WILLIAM S. HENRY***

JEFFREY C. BASSETT**
OF COUNSEL

*ALSO ADMITTED IN ALABAMA
**CERTIFIED CIRCUIT MEDIATOR
***ALSO ADMITTED IN GEORGIA

August 19, 2003

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

55054798

Re: Wheat Berries Artisan Bistro, Inc.
Our file number: W00326-012855
Your reference number: P02000059931

Dear Sir or Madam:

Enclosed please find a copy of your August 4, 2003, letter to Wheat Berries Artisan Bistro, Inc., as well as the 2003 For Profit Corporation Uniform Business Report (UBR) which has been corrected pursuant to your instructions.

Sincerely yours,



M. Todd Burke

MTB/lkm

Enclosures