FILED
May 05, 2003 8:00 am
Secretary of State
04-02-2003 90045 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/2

55037935

DOCUMENT # P02000090879

1. Entity Name
CALYPSO CAFE INC

Principal Place of Business	Mailing Address
904 GAMBLE ST TALLAHASSEE FL 32310	904 GAMBLE ST TALLAHASSEE FL 32310

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
904 GAMBLE ST	904 GAMBLE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE FL	City & State: TALLAHASSE
Zip: 32310 Country: LEON	Zip: 32310 Country: FLORIDA

4. FEI Number 59-3475544 ☐ Applied For ☐ Not Applicable

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
SERANEAU, PATRICIA 4744 GRENOBLE BLVD TALLAHASSEE FL 32302	Name: NONE 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 Patricia Seraneau
Signature, typed or printed name of registered agent and date 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: DEBORAH SERANEAU [redacted] 61 S. WALDINGER ST VALLEY STREAM N.Y 11580	TITLE: OFFICER ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: NIGEL SERANEAU [redacted] 4741 FLANDERS AVE TALL. FL 32310	TITLE: MANAGER ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MAUREEN SERANEAU [redacted] APT 1908 1655A FLATBUSH AVE BROOKLYN N.Y 11203	TITLE: OFFICER ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: GAIL SERANEAU ☐ [redacted] 9730 FLATLANDS AVE BROOKLYN N.Y 11236	TITLE: OFFICER ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DION SERANEAU ☐ [redacted] 4741 FLANDERS AVE TALL. FL. 32310	TITLE: MANAGER ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PATRICIA SERANEAU ☐ Delete 4741 FLANDERS AVE TALL. FL 32310	TITLE: ~~OFFICER~~ manager ☐ Change ☐ Addition

CR2E034 (10/02)

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: Patricia Seraneau 3-28-03 850-224-0957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #