2003 FOR PROFIT CORPORATION

Mailing Address

1327 21 ST STREET

VERO BEACH FL 32960

UNIFORM BUSINESS REPORT (UBR) P02000095270 DOCUMENT # 1. Entity Name CITRUS BLOSSOM CAFE, INC.

Principal Place of Business

1327 21ST STREET

VERO BEACH FL 32960



FILED May 01, 2003 8:00 am § Secretary of State

05-01-2003 90236 048 ***150.00

NAME JUSTIN MCSWCCN							ł				 10 	
City & State Applied For Not Applicable Square Square Applicable Square Application Square Square Application Square Square Application Square Square Application Square Application Square Application Square	Principal Place of Business Address Address											
Zip Country Zip Country 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 Name MCSWEENY, JUSTIN 1327 21ST STREET VERO BEACH FL 32960 City FL Zip Code 8. The above named entity about its its 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, byead of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Parts PL DATE \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Parts Additional Fee Required \$8.75 Additional Fee Required \$1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Parts Additional Fee Required \$1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Additional Fee Required \$1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Additional Fee Required \$1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Suite, Apt. #, etc. Suite, Apt.			Apt. #, etc.	it. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
Signature Signat	City & State City & State					4. FEIN	lumber - 0029744	<u> </u>				
MCSWEENY, JUSTIN 1327 21ST STREET VERO BEACH FL 32960 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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PLOT TITLE PLOT Change Addition	Zip		Country	Zip					•			
MCSWEENY, JUSTIN 1327 21ST STREET VERO BEACH FL 32960 City FL Zip Code 8. The above named entity systemits 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 of printed name of registered agent and little 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE PLT City FL Zip Code Attention Address (RO#Box-Number is:Not-Acceptable) Zip Code Zip Code Street-Address (RO#Box-Number is:Not-Acceptable) Zip Code Attention Address (RO#Box-Number is:Not-Acceptable) Total City Address (RO#Box-Number is:Not-Acceptable) Total City FL Zip Code And Acceptable Agent signature required when reinstating) DATE \$5.00 May Ba Added to Fees Address (RO#Box-Number is:Not-Acceptable) Title PL Change Addition Addition	6. Name and Address of Current Registered Agent											
1327 21ST STREET VERO BEACH FL 32960 City FL Zip Code 8. The above named entity systemits 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 of printed name of registered agent and little 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Pleite TITLE Proced Zip Code Signature vivin and accept with a policy of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a policy of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a policy of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a policy of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a policy of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept with a policy of the purpose of Florida agent. SIGNATURE Signature, typed of printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Added to Fees Added to Fees					Name	Name						
1327 21ST STREET VERO BEACH FL 32960 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 of 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE PAGING Addition	MCSWEENY, JUSTIN					, , , , , , , , , , , , , , , , , , ,						
VERO BEACH FL 32960 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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 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 PATE Addition						atreet Adoress (H-U-FDex inclinater is not Acceptable)						
City FL Zip Code 8. The above named entity sybmits 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 of 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE PITE P	<u> </u>											
the obligations of registered agent. SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Part	VENO DENOTITE GEOGR				City	City FL Zip Code						
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00				ent for the purpos	e of changing its	registered office of	r registere	ed agent,	or both, in the State of Florida	a. I am familiar with,	and accept	
FILE NOW!!! FEE IS \$150.00 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 Delete TITLE P T Addition TITLE P T Addition TITLE P T Addition TITLE TITL	the obligat	itions of registere	d agent.									
FILE NOW!!! FEE IS \$150.00 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 Delete TITLE P T Addition TITLE P T Addition TITLE P T Addition TITLE TITL	SIGNATURE	10 m		•							ĺ	
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 There I IT I	,	Signature, typed of pr	inted name of registered	agent and title if applica	ble. (NOTE:	Registered Agent signs	ture required	when reinstati	ng)	DATE		
TITLE TITLE PT SeChange Addition	Afte	r May 1, 2003	Fee will be \$550	0.00					· · ·			
TITLE Delete TITLE PTT NAME NAME TUSTION MCSWCCOD Change Addition	10.		OFFICERS	AND DIRECTORS	3	11.			ONS/CHANGES TO OFFICE	RS AND DIRECTOR	IS IN 11	
NAME SUSTIO MCSWCCOD	TITLE				☐ Delete	TITLE	PH	-		Change	Addition	
	NAME]					205	ナジン M	IESWEENS			
STREET ADDRESS 222) PO+1/14 HOUTE	STREET ADDRESS		•			STREET ADDRESS	3531	Poti.	11 AUCUSC			
CHY-SI-ZIP Vero Seach, FL 32768	CHY-ST-ZIP	ļ.—	~:			CITY-ST-ZIP	Vero	Seco	h, FL 32960			
			r A		☐ Delete		IVIS	•		Change	☐ Addition	
NAME NAME TIMBERS MESWEEN						1	Kimb	penta	Meswern			
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP VEND BLCCH THE 32960		ľ					2221	BAI	a August			
		 		·			Vero	BILL	1 FL 32900		Addition	
TITLE Delete TITLE Change Addition					∟ Delete	•			•	L Change	☐ Addition	
STREET ADDRESS STREET												
CITY-ST-ZIP CITY-ST-ZIP		ĺ									·	
	TITLE	 			Dolete		1	_ ;		Change	Addition	
NAME NAME		ĺ			□ Delete		Ĭ			Onlings		
STREET ADDRESS STREET ADDRESS		j					j				J	
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP					CITY-ST-ZIP					,	
TITLE Delete TITLE Change Addition	TITLE				☐ Delete	TITLE				Change	Addition	
NAME NAME .	NAME					NAME	1					
STREET ADDRESS . STREET ADDRESS .	STREET ADDRESS					STREET ADDRESS	1				}	
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP					CITY-ST-ZIP						
TITLE Delete TITLE Change Addition	TITLE	}			☐ Delete	TITLE				☐ Change	Addition	
NAME NAME		{				NAME					1	
STREET ADDRESS		}					1.				}	
CITY-ST-ZIP CITY-ST-ZIP	CITY CT. 7ID '					CITY-ST-ZIP	l					

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 repeiver or mystee 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 attachinghit with an address, with all other like empowered.

SIGNATURE: