

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90183 041 ***150.00

DOCUMENT # P02000098622

1. Entity Name
CAFE VENTURES, INC.



Principal Place of Business
**1500 APALACHEE PARKWAY
UNIT 1255
TALLAHASSEE FL 32301**

Mailing Address
**2750 OLD ST. AUGUSTINE ROAD
APT. M131
TALLAHASSEE FL 32301**



2. Principal Place of Business

3. Mailing Address

3111-20 MAHAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 107L

City & State

City & State

TALLAHASSEE FL

Zip

Country

Zip

32308

Country

USA

4. FEI Number

42-1554338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEORGE, CHRISTOPHER A
2750 OLD ST. AUGUSTINE ROAD
APT. M131
TALLAHASSEE FL 32301**

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 **P** ☐ Delete
NAME **GEORGE, CHRISTOPHER A**
STREET ADDRESS **2750 OLD ST. AUGUSTINE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **CEO** ☒ Change ☐ Addition
NAME **GEORGE, CHRISTOPHER A**
STREET ADDRESS **2750 OLD ST. AUGUSTINE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **CEO** ☐ Delete
NAME **GEORGE, MICHAEL B**
STREET ADDRESS **2721 SETTER PLACE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **CEO** ☒ Change ☐ Addition
NAME **GEORGE, MICHAEL B**
STREET ADDRESS **2721 SETTER PLACE**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER A. GEORGE 2/25/2003 850-933-4546

Date

Daytime Phone #

CR2E034 (10/02)