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

**DOCUMENT #** 

P02000098622

1. Entity Name

CAFE VENTURES, INC.



Principal Place of Business Mailing Address 1500 APALACHEE PARKWAY 2750 OLD ST. AUGUSTINE ROAD UNIT 1255 \*\*\* ~\* APT. M131 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address 3111-20 MAHAN DRIVE

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

02-27-2003 90183 041 \*\*\*150.00



S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  GEORGE, CHRISTOPHER A 2750 OLD ST. AUGUSTINE ROAD  APT. M131  TALLAHASSEE FI. 32301  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  6. The above named ontity submits this statement for the purpose of changing its registered deflice or registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered agent, or both, in the State of Florida. I am familiar with, and accept the delivery of the purpose of changing its registered deflice or registered agent, or both, in the State of Florida. I am familiar with, and accept the registered Agent produced agent, or both, in the State of Florida. I am familiar with, and accept the registered Agent produced agent, or both, in the State of Florida. I am familiar with, and accept the registered Agent produced agent, or both, in the State of Florida. I am familiar with, and accept the registered Agent produced agent, or both, in the State of Florida. I am familiar with, and accept the registered Agent produced agent, or both, in the State of Florida. I am familiar with, and accept the registered Agent produced agent, or both, in the State of Florida. I am familiar with, and accept the registered Agent produced agent, or both, in the State of Florida. I am familiar with, and accept produced agent, or both, in the State of Florida. I am familiar with, and accept produced agent, or both, in the State of Florida. I am familiar with, and accept produced agent, or both, in the State of Florida. I am familiar with, and accept produced agent, or both, in the State of Florida. I am f	City & State    City & State   City	Suite, Apt	ot. #, etc.		l –	Apt. #, etc.				CUECK HERE	IE 141661	0 00000	
Zip Country Zip	The Lambase F L  The La				Pme	, 107L		ĺ	•	CHECK HERE	IF MAKINO	3 CHANGE	ĒS .
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Fee Required  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  ATT. M131  TALLAHASSEE FL 32301  City  FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the florida. I am familiar with, and accept the familiar with and accept the familiar with and accept the	Signature products of registered Agent	City & Sta	ate		1		_					_   _	Applied For
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GEORGE; CHRISTOPHER A 2750 OLD ST. AUGUSTINE ROAD APT. MI31 TALLAHASSEE FI. 32301  8. The above named entry submits this statement for the purpose of changing its registered diffice 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.  SIGNATURE  Signature, Yind of print amount of registered agent and ide it applicable  OPTICE Registered Agent signature mounts effect 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 ob	GEORGE_CHRISTOPHER:A  2750 OLD ST. AUGUSTINE ROAD APT. M131 TALLAHASSEE FL 32301  City  FL  Zip Code  8. The above named antity 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, an the obligations of registered agent.  SIGNATURE  FILE NOW!!! _FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	Zip			32				5. Certific	ate of Status Desired		\$8.75 / Fee Requ	Additional ired
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  APT. M131  TALLAHASSEE FL 32301  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the originations of registered agent and after the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the originations of registered agent and after the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the originations of registered agent and after the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the originations of registered agent, or both, in the State of Florida. I am familiar with, and accepted agent and after acceptable of the original purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both in the State of Florida. I am familiar with, and accepted agent, or both in the State of Florida. I am familiar with, and accepted agent, or both in the State of Florida. I am f	2750 OLD ST. AUGUSTINE ROAD APT. M131  TALLAHASSEE FL 32301  City  City  FL  Zip Code  And family in the State of Florida. Lam familiar with, and familiar	050005					Nar	me				<u> </u>	
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