

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91154 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099403

1. Entity Name

COFFEE EXPRESS SALES & SERVICE, INC.

DO NOT WRITE IN THIS SPACE

11040723

2. Principal Place of Business
P.O. BOX 82796

3. Mailing Address
P.O. BOX 82796

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
22-3871757

Applied For
Not Applicable

Zip
33682

Country
USA

Zip
33682

Country
USA

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

7. Name and Address of Registered Agent

Name
A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable)

25 S.E. 2ND AVENUE SUITE 1036

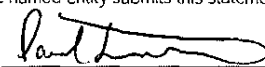
City
MIAMI

FL

Zip Code
33131

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.

SIGNATURE



PAUL SMITH, VICE PRESIDENT

04-28-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
PETERSON, JOSEPH
P.O. BOX 82796
TAMPA FL 33682

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
AUDETTE, MICHAEL
P.O. BOX 82796
TAMPA FL 33682

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

 JOSEPH PETERSON, DP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APR 2003

Date

(813) 866-0770

Daytime Phone #

CR2E034B (12/01)