FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90212 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000101009

1. Entity Name
JOEY'S CAFE, INC.

10066220

Principal Place of Business
710 SE HOLLAHAN AVE
PORT ST LUCIE, FL 34983

Mailing Address
710 SE HOLLAHAN AVE
PORT ST LUCIE, FL 34983

Joeys Cafe Inc.

2. Principal Place of Business: 6650 S Fed Hwy
Suite, Apt. #, etc.

3. Mailing Address: 6650 S Fed Hwy
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State: P.S.L. FL
Zip: 34952 Country: St. Lucie

City & State: P.SL.
Zip: 34952 Country

4. FEI Number: 56-2297329 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
TUBITO, DENA
710 SE HOLLAHAN AVE
PORT ST LUCIE, FL 34983

7. Name and Address of New Registered Agent
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]
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Dena Tobito P.S.L. 34952 / 710 SE Hollahan Ave FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Joe Tobito / P.S.L. FL. 34952. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/9/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #