

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90162 022 ***150.00

DOCUMENT # P02000101184

1. Entity Name

POPPY'S COURTHOUSE CAFE, INC.



Principal Place of Business
2080 RINGLING BLVD.. #102
SARASOTA FL 34236

Mailing Address
2080 RINGLING BLVD.. #102
SARASOTA FL 34236



2. Principal Place of Business

2080 Ringling Blvd.
Suite, Apt. #, etc.

3. Mailing Address

2080 Ringling Blvd.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

EIN 55-0798127

Applied For

☒ Not Applicable

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAKE, J. KEVIN
1432 FIRST ST.
SARASOTA FL 34236

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, 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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BLUM, JOSEPH H**
CITY-ST-ZIP **3420 DUNBAR DR.**
SARASOTA FL 34232

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DE GIOVANNI, THOMAS**
CITY-ST-ZIP **5738 STONE POINT DR.**
SARASOTA FL 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Thomas De Giovanni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

943-5012

Date

Daytime Phone #

CR2E034 (10/02)