

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90657 031 ***150.00

DOCUMENT # P02000104294

1. Entity Name

WILDFLOWER CAFE OF CLEARWATER, INC.



Principal Place of Business

**1831 SAN MATEO DRIVE
DUNEDIN FL 34698**

Mailing Address

**1831 SAN MATEO DRIVE
DUNEDIN FL 34698**

2. Principal Place of Business

1465 So. Ft Harrison Ave.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

City & State

Clearwater FL,

City & State

Clearwater FL,

Zip

33756

Country

Pinellas (USA)

Zip

33756

Country

USA

4. FEI Number

04-3739934

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

**ALFRED, LESLIE M
1831 SAN MATEO DRIVE
DUNEDIN FL 34698**

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	D	<input type="checkbox"/> Delete
NAME	ALFRED, LESLIE M	
STREET ADDRESS	1831 SAN MATEO DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAGON, JOAN M	
STREET ADDRESS	1831 SAN MATEO DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dragon, Joan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 So. Belcher Rd # 732	
STREET ADDRESS	Largo, FL. 33771	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Leslie M. Alfred, Pres. 3/12/03 727 447-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)