2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000106681

City-St-Zip:

Entity Name: ONE CUP AT A TIME, INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
65 NE 2NE SUITE 614 DELRAY E		3444				
Current Mailing Address:			New Maili	New Mailing Address:		
65 NE 2NE SUITE 614 DELRAY E		3444				
FEI Number:	: 54-2076848	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address o	of New Registered Agent:	
101 S.E. 6' SUITE B	, P. MICHAEL TH AVE. BEACH, FL 3:					
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent	Date		
Election Car	mpaign Financii	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD (JOSLIN, RICH 65 NE 2ND AV DELRAY BEA	E. SUITE 614	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	BROWN, JOL 65 NE 2ND A\		Title: Name: Address: City-St-Zip:		(X) Change()Addition DLINDA AVE. SUITE 614 EACH, FL 33444	
Title: Name: Address: City-St-Zip:	WEISS, JAIM 65 NE 2ND A\) Delete E /E. SUITE 614 CH, FL 33444	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	() Delete	Title: Name: Address:		()Change(X)Addition MARY KATE AVE. SUITE 614	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RICHARD JOSLIN PD 04/30/2003

DELRAY BEACH, FL 33444