

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90954 003 ***150.00

DOCUMENT # P02000116459

1. Entity Name
SUNRISE CAFE OF JACKSONVILLE INC.



Principal Place of Business
6999-01 MERRILL RD
JACKSONVILLE FL 32246

Mailing Address
6999-01 MERRILL RD
JACKSONVILLE FL 32246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2384792

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

JOHNS, MILTON
5640-1 TIMUQUANA RD
JACKSONVILLE FL 32210

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
PD
NAME
CASTELO, ANTONIO
STREET ADDRESS
6999-01 MERRILL RD
CITY-ST-ZIP
JACKSONVILLE FL 32246

☐ Delete

TITLE
VD
NAME
CASTELO, JASON
STREET ADDRESS
6999-01 MERRILL RD
CITY-ST-ZIP
JACKSONVILLE FL 32246

☐ Delete

TITLE
SD
NAME
CASTELO, KELLY
STREET ADDRESS
6999-01 MERRILL RD
CITY-ST-ZIP
JACKSONVILLE FL 32246

☐ Delete

TITLE
TD
NAME
CASTELO, MARIA
STREET ADDRESS
6999-01 MERRILL RD
CITY-ST-ZIP
JACKSONVILLE FL 32246

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-03 904-707-4276

CR2E034 (10/02)