

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

DOCUMENT # P02000117882

1. Entity Name
ZOE'S COFFEE ROASTING COMPANY, INC.



FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90958 037 ***150.00

Principal Place of Business
309 SWEETBRIER BRANCH LANE
JACKSONVILLE FL 32259
US

Mailing Address
309 SWEETBRIER BRANCH LANE
JACKSONVILLE FL 32259
US



2. Principal Place of Business

6372 Greenland Rd

Suite, Apt. #, etc.

Unit 3

City & State

Jacksonville FL

Zip

32258

Country

U.S.

3. Mailing Address

6372 Greenland Rd

Suite, Apt. #, etc.

Unit 3

City & State

Jacksonville FL

Zip

32258

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

22-388-1415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOMER, ELBERT G

309 SWEETBRIER BRANCH LANE

JACKSONVILLE FL 32259

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 P
NAME SILVA, KURT
STREET ADDRESS 312 SWEETBRIER BRANCH LANE
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE VP
NAME COOMER, ELBERT G
STREET ADDRESS 309 SWEETBRIER BRANCH LANE
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE SEC
NAME SILVA, KURT
STREET ADDRESS 312 SWEETBRIER BRANCH LANE
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2003 904-626-2519
Date Daytime Phone #

CR2E034 (10/02)