148

FOR PROFIT CORPORATION 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POZOUD 118495.

1. Entity Name
Per K & Beans Gourment Offerd Tea & Daylon.



FILED

04 DEC 30 AM 9: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	OT WRITE		PACE	- DICTATEMEN	109
2. Principal Place of Business Life Edge Wates M Suite, Apt. #, etc.		3. Mailing Address P. Uge WUVO AR. Suite. Apt. #. etg		EINSTATEMENT 09 DO NOT WRITE IN THIS SPACE	
Ottando FL		City of State / 1/2	Hill FL	87-0567494	Applied For Not Applicable
32804	Semino/	32117	Willsia	5. Certificate of Status Desired	\$8.75 Additional Fee Required — -
PONOT_WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name 1. Oquil Cult Street Address (P.O. 205 Name of Acadentable) City HOLL Cy H1// FL 7/10 Code 2. City HOLL Cy H1// FL 7/10 Code 2. City HOLL Cy H1// FL 7/10 Code 3. City HOLL Cy H1// FL 7/10 Code 3. City HOLL Cy H1// FL 7/10 Code					
8. The above named antity submits this statement for the purpose of changing its registered office or registered agon/ or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Seneture, years or printed name of registered and rate in appendix. (NOTE: Separative years of signature). DATE					
January 1 - N January 1 - N After May	Asy 1: Fee is \$150.00 1. Fee is \$550.00 d UBR is \$61.25 o Florida Department of		itis: Jegsswed Agait signsture registra	P. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. TITLE D WANTED STREET ADDRESS 3 COTY-SI-2IP C	officers and hitmen I 427 Will	prectors) au E de fane El 3280	NITE ANDRESS.	700043538 12/20/040107100	Marian a liverany series i Africa
TITLE • NAME STREET ADDRESS CHY-ST-ZIP	100000	- JANU	TITLE WASE SHEET ADDRESS CITY ST ZIP		
TITLE HAME SIBEET ADDRESS CITY-ST-ZIP			NAME SHEET ADDRESS CITY-ST 279	DO-NOT W	NTE
TITLE NAME STREET ADDRESS CITY-ST-ZIP-			ITTE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SP	ACE
TITICE MAME: STREET ADDRESS GRY-ST- RP			HAME STATES CITY STATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME SIREFTADDRESS CITY-ST-70P		
12. I hereby certify that indicated on this report the corporation of attachment with an	the information supplied will borf or supplemental report if the receiver or trystee emi address, with all other like of	n this filing does not qualify s true and appurate and the occurred to execute this re- inposses.	for the exemption stated in State that the signature shall have the port as required by Chapter	Section 119.07(3)(i), Florida Statutes. I further samo legal effect as if made under oath; if 607, Florida Statutes; and that my name ap	or certily that the information nat I am an officer or director opears in Block 10 or on an I COT - 254 - 02

SIGNATURE:

SIGNATURE AND TYPED ON MYSTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/04 (586)3047

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Division of Corporations
P. 0. Box 1500
Tallahassee, Florida 32302-1500

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 17, 2004

Dear Sir or Madam:

This letter is to inform your office that I never received my UBR form to file it for 2004. I have my mail going to my CPA at the address we requested to have all mail change to. I called the Dep of state and they advised me to down lode a blank form. Your office also advised me to send a letter stating I did not receive my form and give the correct mailing address so the form can get to me on time next year. Your office said all penalties would be waved. Thank you for your time in concerning this matter. Also do to the Hurricanes this has delayed my bill processing and payments.

Sincerely,

Perk & Beans Gourmet Coffee & Tea of Daytona, Inc

2417 Edgewater Drive Orlando FL 32804

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