

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90171 013 ***150.00

05/2011 AV

DOCUMENT # P02000123897

1. Entity Name
SECOND CUP OF COFFEE, INC.



Principal Place of Business
1212 NE 36 AVE
OCALA FL 34470

Mailing Address
1212 NE 36 AVE
OCALA FL 34470

1000000001



2. Principal Place of Business
4220 SE 53 Ave
Suite, Apt. #, etc.
Unit B

3. Mailing Address
2201 S.E. 25 Street
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number
41-2067781

Applied For
☐ Not Applicable

Zip
34480

Country
USA

Zip
34471

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, STEVE
2201 SE 25 ST
OCALA FL 34471

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 *Steve Foster*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-2003

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME FOSTER, STEVE
STREET ADDRESS 2201 SE 25 ST
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME MCCORMICK, JOHN
STREET ADDRESS 3180 NE 63 ST
CITY-ST-ZIP Ocala FL 34479

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 *Steve Foster* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-2003

352-694-5554

Date Daytime Phone #

CR2E034 (10/02)