2003 FOR PROFIT CORPORATION

FILED Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P02000123897 DOCUMENT # 03-31-2003 90171 013 ***150.00 SECOND CUP OF COFFEE, INC. Principal Place of Business Mailing Address **4**000065/ 1212 NE 36 AVE 1212 NE 36 AVE OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address 2201 S.E. 25 Streat 4220 SE, 53 HVE CHECK HERE IF MAKING CHANGES Unit 4. FEI Number 41 - 2067781 Applied For City & State City & State OCALA OCA LA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, STEVE Street Address (P.O. Box Number is Not Acceptable) 2201 SE 25 ST OCALA FL 34471 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 ag 3-27-2007 DATE SIGNATURE-(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition FOSTER, STEVE NAME NAME 2201 SE 25 ST STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCCORMICK, JOHN NAME 3180 NE 63 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34479 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete DITE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ 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 receive for 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 all other like empowered

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE

NAME

STREET ADDRESS

CITÝ-ST-ZIP

352-694-5554