2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P92000015298 CAPPUCCINO COMPANY IMPORTS, INC. 03-05-2001 90316 039 ***150.00 Principal Place of Business Mailing Address 10903 ALPHARETTA HIGHWAY 10903 ALPHARETTA HIGHWAY ROSWELL GA 30076 ROSWELL GA 30076 724862 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 59-3211802 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRONIN: JOHN H JR ----Street Address (P.O. Box Number is Not Acceptable) 2560 GULF TO BAY BLVD SUITE 200 **CLEARWATER FL 34625** Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Change Addition Vintges, John VINTGES, JOHN NAME NAME 730 VALLEY SUMMIT DR STREET ADDRESS STREET ADDRESS 205 Colony Center Drive CITY-ST-ZIP ROSWELL GA 33075 CITY-ST-ZIP Woodstock GA 30188 ☐ Delete Vintges, Karen VINTGES, KAREN NAME 205 Colony Center Drive STREET ADDRESS 730 VALLEY SUMMIT DR. STREET ADDRESS CITY-ST-ZIP Woodstock GA 30188 CITY-ST-ZIP ROSWELL GA 30075 ☐ Change __ ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71F CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an applicable, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vintges

SIGNATURE: