

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90060 018 \*\*\*150.00

0602872 AT

**DOCUMENT # P92000015298**

1. Entity Name

**CAPPUCCINO COMPANY IMPORTS, INC.**

Principal Place of Business

**10903 ALPHARETTA HIGHWAY  
 ROSWELL GA 30076  
 US**

Mailing Address

**10903 ALPHARETTA HIGHWAY  
 ROSWELL GA 30076  
 US**

2. Principal Place of Business

**205 Colony Center DR**

Suite, Apt. #, etc.

3. Mailing Address

**205 Colony Center DR**

Suite, Apt. #, etc.

City & State

**WOODSTOCK GA**

Zip

**30188**

Country

**Cherokee**

City & State

**WOODSTOCK GA**

Zip

**30188**

Country

**Cherokee**

4. FEI Number

**59-3211802**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CRONIN, JOHN H JR**

**2560 GULF TO BAY BLVD**

**SUITE 200**

**CLEARWATER FL 34625**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete

NAME **VINTGES, JOHN**  
 STREET ADDRESS **205 COLONY CENTER DRIVE**  
 CITY-ST-ZIP **WOODSTOCK GA 30188**

TITLE **VD** ☐ Delete

NAME **VINTGES, KAREN**  
 STREET ADDRESS **205 COLONY CENTER DRIVE**  
 CITY-ST-ZIP **WOODSTOCK GA 30188**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 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 address, with all other like empowered.

**SIGNATURE:**

**JOHN VINTGES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/02**

Date

**770-591-1194**

Daytime Phone #

CR2E034 (9/01)