2002 Uniform Business Report (UBR)

1. Entity Na	JMENT # P930 0 ok's cafe, inc.	00043317		Secretary of Sta 04-04-2002 90021 027 ***150	ate	
Principal Place of Business Mailing Address						
		PO BOX 616 CEDAR KEY FL 32625				
2. Principal Place of Business		3. Mailing Address			1814 1818) 48 BI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		59-3189/42	olied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addi	tional	
-	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
			Name ~			
Christiansen, Richard G 2ND ST			Street Address (P.O. Box Number is Not Acceptable)			
CEDAR KEY FL 32625				_		
			City	City FL Zip Code		
8. The above	e named entity submits this statement for	or the purpose of changing it	ts registered office or regis	stered agent, or both, in the State of Florida.		
Tax filing	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 2	OTE: Registered Agent signature requirement /!!! FEE IS \$150.00 002 Fee will be \$550.00 able to Department of S	10. Election Campaign Financing \$5.00	May Be to Fees	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11	
TITLE NAME	PVD CHRISTIANSEN, RICHARD G	☐ Delete	TITLE NAME	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	PO BOX 616 N/A CEDAR KEY FL 32625		STREET ADDRESS CITY-ST-ZIP	. 00 / − −		
TITLE NAME STREET ADDRESS	STD Christiansen, Peggy A PO BOX 616 N/A	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	Addition	
CITY-ST-ZIP	CEDAR KEY FL 32625	ale to tete	CITY-ST-ZIP	en e	/	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ Change	Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
I hereby of indicated of the corrections of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	this filling does not qualify for true and accurate and that towered to execute this report with all other like empowered	or the exemption stated in the exemption stated in the property of the exemption stated in the exemption of	Section 119.07(3)(i), Florida Statutes. I further certify that the info e same legal effect as if made under oath; that I am an officer or 07, Florida Statutes; and that my name appears in Block 11 or B	ormation director slock 12 if	

SIGNATURE:

Date

Daytime Phone #