

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90089 013 ***150.00

DOCUMENT # P93000052062



1. Entity Name
ST. BARTS COFFEE COMPANY

Principal Place of Business
**441 SOUTH ATLANTIC BOULEVARD
FT. LAUDERDALE FL 33316
US**

Mailing Address
**518 NE 13TH AVE
FT LAUDERDALE FL 33301
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
1019 NE 10th Avenue
Suite, Apt. #, etc.
City & State
Ft. Lauderdale, Florida
Zip Country
33304 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0424803** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**JUDY, JILL
518 NORTHEAST 15TH AVENUE
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent
Name **JUDY, JILL**
Street Address (P.O. Box Number is Not Acceptable)
1019 NE 10TH AVENUE
City **FT. LAUDERDALE** FL Zip Code **33304**

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 DATE **1.12.03**
(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	JUDY, JILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUDY, JILL		NAME	JUDY, JILL	
STREET ADDRESS	441 SOUTH ATLANTIC BOULEVARD		STREET ADDRESS	1019 NE 10TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 line empowered.

SIGNATURE: DATE **1.12.03** (954) 832.0833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)