

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90092 012 ***150.00

DOCUMENT # P94000042079

1. Entity Name
DUNBERRY COFFEE COMPANY



Principal Place of Business
2812 NORRIS AVE
ORLANDO FL 32803
US

Mailing Address
P.O. BOX 940941
MAITLAND FL 32734
US



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business
2812 Norris Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Winter Park FL
Zip
32789
Country
USA

City & State
Zip
Country

4. FEI Number **59-3259492**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAAS, NANCILE J
2812 NORRIS AVE
ORLANDO FL 32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ **Delete**
NAME **HAAS, NANCILE JEAN**
STREET ADDRESS **2812 NORRIS AVENUE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **DPST** ☒ **Change** ☐ **Addition**
NAME **HAAS, NANCILE JEAN**
STREET ADDRESS **2812 NORRIS AV**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 like empowered.

SIGNATURE: *Nancile J Haas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)