

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90084 001 \*\*\*150.00

**DOCUMENT # P94000073748**



1. Entity Name  
**CAFE THIRTY-A, INC.**

Principal Place of Business <b>3899 E. CO. HWY 30-A SEAGROVE BEACH FL 32459 US</b>	Mailing Address <b>3899 E. CO. HWY 30-A SEAGROVE BEACH FL 32459 US</b>
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3275122</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CROMMELIN, HARRIET H  
44 SEAWATCH DR  
SEAGROVE BEACH FL 32459**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CROMMELIN, HARRIET H</b>
STREET ADDRESS	<b>44 SEAWATCH DR</b>
CITY-ST-ZIP	<b>SEAGROVE BEACH FL 32459</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>KESSLER, DAVID P</b>
STREET ADDRESS	<b>12 WAYNELL CIRCLE</b>
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BIBBY, GLORIA</b>
STREET ADDRESS	<b>349 GULF DR</b>
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BRUMM, JASON</b>
STREET ADDRESS	<b>8 MARLIN ST</b>
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **2/9/03** **850-231-2166**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)