

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90096 003 \*\*\*150.00

051717 AV

**DOCUMENT # P94000090256**

1. Entity Name  
**SWEET BEAN CAFE, INC.**



Principal Place of Business  
**5100-316 CLEVELAND AVE.  
FORT MYERS FL 33907**

Mailing Address  
**5100-316 CLEVELAND AVE.  
FORT MYERS FL 33907**

2. Principal Place of Business  
**5100-316 CLEVELAND AVE.**

3. Mailing Address  
**5100-316 CLEVELAND AVE.**

Suite, Apt. #, etc.

**316**

Suite, Apt. #, etc.

**316**

City & State

**FT. MYERS, FL.**

City & State

**FT. MYERS, FL.**

Zip

**33907**

Country

**LEE**

Zip

**33907**

Country

**LEE**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0539487**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BURNS, MICHAEL  
5100-316 CLEVELAND AVE.  
FORT MYERS FL 33907**

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: \_\_\_\_\_ (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 **D** ☐ Delete  
NAME **BURNS, MICHAEL**  
STREET ADDRESS **15481 ADMIRALTY CR NE, 8**  
CITY-ST-ZIP **FORT MYERS FL**

TITLE **D** ☐ Delete  
NAME **BURNS, AMBER**  
STREET ADDRESS **15481 ADMIRALTY CR NE, 8**  
CITY-ST-ZIP **FORT MYERS FL**

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

11. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: AMBER BURNS 4-28-03 239-275-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)