

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90102 040 ***150.00

DOCUMENT # P95000014065

1. Entity Name

Coffee Talk, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21632 S.R. 54

3. Mailing Address

P.O. Box 8804

Suite, Apt. #, etc.

Lot # 11

Suite, Apt. #, etc.

City & State

Lutz, FL.

City & State

Tampa, FL.

Zip

33549

Country

U.S.A.

Zip

33674

Country

U.S.A.

4. FEI Number

59-3297850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Rochelle Morn's - Director ☐ Delete
 NAME: mail: P.O. Box 8804
 STREET ADDRESS: 21632 S.R. 54
 CITY-ST-ZIP: Tampa FL. 33674 | Lutz, FL. 33549

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

TITLE: mail: Norman Morn's - VD ☐ Delete
 NAME: P.O. Box 8804
 STREET ADDRESS: 21632 S.R. 54
 CITY-ST-ZIP: Tampa, FL. 33674 | Lutz, FL. 33549

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

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 CITY-ST-ZIP: ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00

Date

(813) 503-0773

Daytime Phone #

CR2E034 (9/99)