FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91741 050 ***558.75

DOCUMENT #
1. Entity Name Captiva Sunshine Cafe
P95000065353 2

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14900 Captiva Dr	PO Box 203
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Captiva FL	City & State: Sanibel
Zip: 33924 Country: USA	Zip: 33957 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0608374 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Jeffrey Archambault
Street Address (P.O. Box Number is Not Acceptable): ~~8950~~ 15100 Ports of Iona #303
City: Fort Myers FL Zip Code: 33908

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] 5/9/02
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) ☐

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
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

TITLE V	
NAME Jeffrey Archambault	
STREET ADDRESS 15100 Ports of Iona RD	
CITY-ST-ZIP Ft Myers FL 33908	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Jeffrey Archambault 5/9/02 239 472 6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #