2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P96000057620 DOCUMENT

1. Entity Name

INDIAN RIVER COFFEE CO., INC.



FILED Sep 12, 2003 8:00 am Secretary of State

09-12-2003 90091 007 ***550.00

SIGNATURE Signature Title NoWI! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11.				•	/		35					
Suite, April et etc. Suite, April etc. Suite, Apr	6300 N. WICKHAM RD SUITE 126 MELBOURNE FL 32940			6300 N. WICKHAM RD SUITE 126 MELBOURNE FL 32940								
Sulfe, Apt. #, etc. Sulfe, Ap	2. Principal Place of Business			3. Mailing Address 2825 Business Ctr. Blvd.			,	\$ 140 H881 180 JUNIO DINIS DUNIS DUNIS	OOISI GUIRI BIISI		(40)) OF IL CERT	
Zip Country Zip 3,2440 Country Security Security S. Certificate of Status Desired S.7.5 Auditional Fee Proquired S. Servicial See Proquired S. Servicial See Proquired See Pro	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent LONGSTREET, DALE R 6300 N. WICKHAM RD STE 128 MERDURNE FL 32940 S. The above named and entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridab Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE LONGSTREET, DALE R 500 N. WICKHAM RD \$126 CITY-S1-79 MELBOURNE FL 32940 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE LONGSTREET, DALE R 500 N. WICKHAM RD \$126 CITY-S1-79 THE NAME SIRRET ADDRESS CIT	City & State						4.	KQ-22QK910				
Name Street Address (P.O. Box Number is Not Acceptable)	Zip		Country				5.	Certificate of Status Desired				
Sireet Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current I	Registered Agent			7.	Name and Address of New Reg	istered Age	nt		
City FL Zip Code	6300 N. WICKHAM RD											
SIGNATURE Signature Signa	•					City FL Zip Code						
Signature, typed or printed name of registered agent and tiller lapolicable. (NOTE Registered Agent signature required when rentationy) DATE: DATE: NOW!!! FEEL IS \$150.00 Make Chees: Page 198 November 199 Stock of Pees Now Added to Fees Now Addition	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.											
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ST	After	r May 1, 200	3 Fee will be \$550.00	State								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	10.	<u> </u>	OFFICERS AND I	DIRECTORS	11.		A	DDITIONS/CHANGES TO OFFIC	ERS AND D	RECTORS	S IN 11	
TITLE	TITLE NAME STREET ADDRESS	LONGSTF 6300 N. V	EET, DALE R VICKHAM RD #126		TITLE NAM STRE	E ET ADDRESS	,	501101107011111111111111111111111111111			Addition	
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	NAME STREET ADDRESS			☐ Delete	NAM STRE	E ET ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY- ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP CTY- ST-ZIP CTY- ST-ZIP CTY- ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAM.	E Et address		n ngayan e e e e e	·] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAMI STRE	E Et address] Change	Addition	
NAME STREET ADDRESS CITY_ST_7IP CITY_ST_7IP	NAME STREET ADDRESS			☐ Delete	NAMI STRE	E Et address		•) Change	Addition	
	NAME STREET ADDRESS			☐ Delete	NAMI STRE	E Et address			Ĺ] Change	Addition	

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:

| 19/1/03 | 321-757-107-0

SIGNATURE: