

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000067988**

1. Entity Name
ORANGE BLOSSOM CAFE, INC.



**FILED
Apr 30, 2003 8:00 am
Secretary of State**

04-30-2003 90133 046 ***150.00

11029603



CHECK HERE IF MAKING CHANGES

Principal Place of Business
4200 US HWY 27 N
DAVENPORT FL 33837
US

Mailing Address
141 VIA MARIEL E DR
DAVENPORT FL 33837

2. Principal Place of Business
4200 US Hwy 27 N

3. Mailing Address
141 Via Mariel E. Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Davenport, FLA

Country
POLK

Zip
33837

City & State
Davenport FLA

Country
POLK

Zip
33896

4. FEI Number
59-3406510

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DISTASIO, MARE S
141 VIA MARIEL E DRIVE
DAVENPORT FL 33837**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME DISTASIO, DORIS	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 141 VIA MARIEL E DRIVE	CITY-ST-ZIP DAVENPORT FL 33837		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS		
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: *Doris Distasio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03 863-424-6939

Daytime Phone #