2003 FOR PROFIT CORPORATION

P97000006498

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



COFFEE & ASSOCIATES, INC.						03 07 2003 901		150.	.00	
Principal Place of Business 1648 STANFORD LANE SARASOTA FL 34231 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 1648 STANFORD LANE SARASOTA FL 34231 3. Mailing Address Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	te	City & State			4. F	El Number 65-0754970			oplied For]
Zip Country		Zip	Zip Coun				8.75 Add	ditional		
	6. Name and Address of Curren	Registered Agent			7. N	lame and Address of New Regis				ł
«				Name						-
COFFEE, MICHAEL 1948 STANFORD LANE				Street Address	(P.O. Box Number is Not Acceptable)					
SARASOT	TA FL 34231		;	City				Zip Code		-
							FL			J
	e named entity submits this statement f tions of registered agent.	or the purpose of changing its r	egistere	ed office or registe	red age	ent, or both, in the State of Florida.	. I am fan	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registere	d Agent signature require	d when rei	nstating)	DATE			
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						 Election Campaign Financi Trust Fund Contribution. 	ng 🗆		May Be to Fees	
Make Check	<u> </u>						S AND D		S IN 11	ł
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	OFFICERS AND		TITLE		ADÍ	DITIONS/CHANGES TO OFFICEF		Change	Addition	10/02)
10.	OFFICERS AND COFFEE, MICHAEL	DIRECTORS	TITLE		ADÍ	DITIONS/CHANGES TO OFFICER			☐ Addition	4 (10/02)
10. TITLE NAME	OFFICERS AND	DIRECTORS	TITLE NAMI STRE		ADI	DITIONS/CHANGES TO OFFICER			Addition	E034 (10/02)
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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

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP