

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002388 AV

DOCUMENT # **P97000034371**

1. Entity Name
COURTHOUSE CAFE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 11 AM 8:00

Principal Place of Business
**400 W BAY ST
1ST FLOOR
JACKSONVILLE FL 32202
US**

Mailing Address
**400 W BAY ST
1ST FLOOR
JACKSONVILLE FL 32202
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

MRS

4. FEI Number **59-3450543**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CANNADY, JAMES W
400 W BAY ST
1ST FLOOR
JACKSONVILLE FL 32202**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHMIELEWSKI, JOHN A 400 W BAY ST, 1ST FLOOR JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200023110492 09/16/03--01070--004 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John A. Chmielewski* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

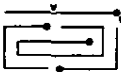
9-6-03

616-2555

Date

Daytime Phone #

CR2E034 (4/03)



Attachment #
CONNER, HUBBARD & COMPANY, P.A.
Certified Public Accountants

P97000034371

Taxation, Accounting, Pension Planning, and Business Counseling

September 5, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Courthouse Café, Inc.
Annual Uniform Business Report: 2002

Dear Sir or Madam,

On behalf of Mr. John Chmielewski, I have enclosed a check in the amount of \$150.00 for the annual uniform business report for Courthouse Café, Inc.

Please reinstate the corporation and waive any reinstatement fees based on the following facts and circumstances:

1. Mr. Chmielewski is visually impaired and relies on other for assistance.
2. He operates a business under a contract with the Dstate of Florida Department of Blind Services.
3. He has no record of receiving the annual report for 2002.
4. He has made good faith effort to comply with all requirements.

Thank you for your assistance in resolving this matter.

Sincerely,
CONNER, HUBBARD & COMPANY, P.A.

Kim K. Hubbard
Kim K. Hubbard,
Certified Public Accountant