2000 UNIFORM BUSINESS REPORT (UBR) APPROVEL & 19 (all DOCUMENT # P97000064602 00 AUG 21 PH 12: 24 itters Cafe, Inc SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Stanford Drive 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 010/19 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Etection Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME 100003384601--4 STREET ADDRESS STREET ADDRESS -09/07/00--01002--015 CITY-ST-ZIP CITY-ST-ZIP Delete __ _ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - PrAddition - Change □-Detete TITLE TITLE ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR OF SIGNING OFFICER OR DIRECTOR







Jitters Cafe', Inc. 160 Stanford Drive Englewood, Florida 34223 E-mail-Jitters98@aol.com Phone-941-474-8280

May 30, 2000

Dear Michelle.

As per our conversation last week please find enclosed, my Annual Corporate Business Report, a check in the amount of \$150.00. and a copy of my form SS-4

As we discussed I mailed a check with my report for last year, it was processed but due to not having a EIN number is was turned inactive. I did not receive a rejection letter therefore assumed every thing was processed. When I did not receive a report this year I called and found out that last years was rejected in September 1999.

I am requesting that the late fee be waived and that my report for 2000 be accepted and litters Cafe, Inc. be reinstated. You will find an EIN number on the application. I was able to do the application by Phone. If you have any questions or concerns please feel free to contact me at the above address, phone number or e-mail.

Thank-you for all of your help in this matter. I really enjoyed talking to you.

Sincerely.

Kim Teeple

litters Cafe', Inc