

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90118 027 ***150.00

DOCUMENT # P97000082763



1. Entity Name
FORT MYERS SUNSHINE CAFE, INC.

Principal Place of Business
8750 GLADIOLUS DRIVE
SUITE 1
FORT MYERS FL 33908
US

Mailing Address
8750 GLADIOLUS DR
SUITE 1
FORT MYERS FL 33908
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0788095

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUST, BRUCE
6460 TOPAZ COURT
UNIT A
FORT MYERS FL 33912

Name Jessy Archambault
Street Address (P.O. Box Number is Not Acceptable) 15100 parts of Jon
City Ft Myers FL Zip Code 33908

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 | <input type="checkbox"/> Delete |
| NAME | BRUST, BRUCE | |
| STREET ADDRESS | 6460 TOPAZ COURT UNIT A | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | |
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | BRUST, BRUCE | |
| STREET ADDRESS | 6460 TOPAZ COURT UNIT A | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | |
| TITLE | <u>V. President</u> | <input type="checkbox"/> Delete |
| NAME | <u>Jessy Archambault</u> | |
| STREET ADDRESS | <u>15100 parts of Jon</u> | |
| CITY-ST-ZIP | <u>Ft Myers FL 33908</u> | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 reports 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)