

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020423

1. Entity Name
QUALITY COFFEE, INC.

Principal Place of Business
720 CRICKLEWOOD TERRACE
HEATHROW FL 32746
US

Mailing Address
720 CRICKLEWOOD TERRACE
HEATHROW FL 32746-5305
US

2. Principal Place of Business
SAME

3. Mailing Address
SAME

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3500907

Applied For
Not Applicable

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

ANGELAKIS, GEORGE
702 CRICKLEWOOD TERRACE
HEATHROW FL 32746

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.

SIGNATURE *George Angelakis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/20/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME SHEA, ROBERT M
STREET ADDRESS 21 GRAPEVINE ROAD
CITY-ST-ZIP GLOUCESTER MA 01920 ☐ Delete

TITLE
NAME
STREET ADDRESS 21 GRAPEVINE RD.
CITY-ST-ZIP GLOUCESTER, MA 01930 ☒ Change ☐ Addition

TITLE
NAME GM
STREET ADDRESS ANGELAKIS, PETER
CITY-ST-ZIP 720 CRICKLEWOOD TERRACE
HEATHROW FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 07-13-00-900320 1500
mail with a letter TS ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George Angelakis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/2000 407 8339

(607) 407-8339