

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90040 049 ***150.00

DOCUMENT # P98000050393

1. Entity Name

TWENTY-FIRST CENTURY COFFEE, INC.

Principal Place of Business

**6166-2 RIVERWALK LANE
 JUPITER FL 33458**

Mailing Address

**6166-2 RIVERWALK LANE
 JUPITER FL 33458**

2. Principal Place of Business

**8868 SE Colony ST
 Suite, Apt. #, etc.**

3. Mailing Address

**8868 SE Colony ST.
 Suite, Apt. #, etc.**

City & State

HOBE SOUND, FL

City & State

HOBE SOUND, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

4. FEI Number

65-0840647

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JANES, GAREN K
 6166-2 RIVERWALK LANE
 JUPITER FL 33458**

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.

SIGNATURE

GAREN K. JANES PRES.

DATE

2-13-02

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, 2002 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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JANES, GAREN K 6166-2 RIVERWALK LANE JUPITER FL 33458 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JANES, GAREN K. 8868 SE Colony St Hobe Sound, FL 33455 | <input checked="" 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 |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAREN K. JANES

Date

2-13-02

Daytime Phone #

(561) 310-5597

CR2E034 (9/01)