

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90034 039 ***150.00

DOCUMENT # P98000063782	
1. Entity Name CAYENNE CAFE, INC.	
Principal Place of Business 111 DREW CIRCLE NICEVILLE FL 32578	Mailing Address 111 DREW CIRCLE NICEVILLE FL 32578



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3524644		Applied For ☐	Not Applicable ☐
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent NALOVIC, THOMAS 111 DREW CIRCLE NICEVILLE FL 32578		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agents signature required when re-registering) DATE _____

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 \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NALOVIC, THOMAS 111 DREW CIRCLE NICEVILLE FL 32578 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: *THOMAS NALOVIC* **SIGNATURE REQUIRED** *THOMAS NALOVIC* *723* *09/04/2001* *850 729 712*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment

Doc # P48000063782
775002

A0086262



Sept 4th 2001

To Whom It May Concern

WE DID NOT RECEIVE A FIRST UNIFORM
BUSINESS REPORT LATER 2001 FOR 150\$ FEE
AND AFTER, RAPIDLY CALLING YOUR OFFICE AUG 15th
30th WE WERE TOLD TO ATTACH THIS NOTE TO
THIS FILLED OUT REPORT WITH 150\$, NOT 550\$. WE
ARE A VERY SMALL CORPORATION, 1 EMPLOYEE, 25K YEARLY
AND REALLY CANNOT AFFORD SUCH PENALTIES.

THANK YOU

THOMAS NALOUVE

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