

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90024 016 ***150.00

DOCUMENT # P98000065194

1. Entity Name

SPECIALTY COFFEE CORPORATION

Principal Place of Business

**1001 S.E. 12TH COURT
 STE. 1A
 CAPE CORAL FL 33990
 US**

Mailing Address

**1001 S.E. 12TH COURT
 STE. 1A
 CAPE CORAL FL 33990
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0854869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**IERARDI, ANTONIO C
 406 N.W. 37TH PLACE
 CAPE CORAL FL 33993**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **IERARDI, LEANDRA**
 STREET ADDRESS **406 N.W. 37TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33993**

TITLE **S** ☒ Delete
 NAME **IERARDI, ANTONIO**
 STREET ADDRESS **406 N.W. 37TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33993**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **CLARET BASKERVILLE**
 STREET ADDRESS **406 NW 37th PL**
 CITY-ST-ZIP **CAPE CORAL, FL 33993**

TITLE **S** ☒ Change ☐ Addition
 NAME **Leandra Ierardi**
 STREET ADDRESS **406 NW 37th PL**
 CITY-ST-ZIP **CAPE CORAL, FL 33993**

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

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

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

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

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:

CLARET BASKERVILLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/2001

Date

941-772-3333

Daytime Phone #

CR2E034 (5/01)

Attachments

198000065194
B0064536

August 30, 2001

To Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

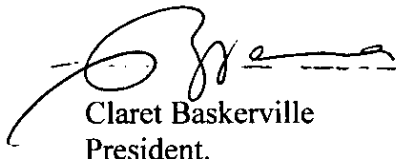
From Specialty Coffee Corporation
1001 SE 12th Court
Ste 1A
Cape Coral, FL 33990

Dear Sirs/ Madam

We are sending \$150.00 for 2001 Uniform Business Report Filings because we have not received the form at the beginning of the year.

Appreciate your understanding.

Best regards,


Claret Baskerville
President.