

Amended

04-29-2003 90071 040 ****61.20
FILED P98000076160

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 MAY 15 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10090959



CHECK HERE IF MAKING CHANGES

DOCUMENT # P98000076160

1. Entity Name
BLUE MOUNTAIN COFFEE, INC.



Principal Place of Business
1360 NE 23RD COURT
POMPANO BEACH, FL 33064

Mailing Address
1360 NE 23RD COURT
POMPANO BEACH, FL 33064

2. Principal Place of Business
1311 Wakefield Place

3. Mailing Address
1311 Wakefield Place

Suite, Apt. #, etc.

City & State
Greensboro, NC

City & State
Greensboro, NC

Zip
27410

Country
USA

Zip
27410

Country
USA

4. FEI Number
65-0860395

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PENDLETON, CHRISTINE J.
713 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNN, CHRISTINE 1360 NE 23 COURT POMPANO BEACH, FL 33064	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNN, EDGAR 1360 NE 23CT POMPANO BEACH, FL 33066	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEIZA MUNN OFFICER/DIRECTOR ██████████ ██████████	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1311 Wakefield Place Greensboro, NC 27410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1311 Wakefield Place Greensboro, NC 27410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1311 Wakefield PL. Greensboro, NC 27410	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE:  DATE: 04/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)