2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State P98000091806 DOCUMENT # 1. Entity Name 02-21-2002 90328 002 ***150.00 ALL FLORIDA COFFEE AND WATER SERVICE, INC. Principal Place of Business Mailing Address 6055 TECHNOLOGY DRIVE, WEST 6055 TECHNOLOGY DRIVE. WEST W MELBOURNE FL 32904 W MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-3539988 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UPTON, JEFFERSON Street Address (P.O. Box Number is Not Acceptable) 6055 TECHNOLOGY DR W MELBOURNE FL 32904 Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition CR2E034 (9/01) TITI F TITLE □ Delete UPTON, JEFFERSON NAMÉ NAME STREET ADDRESS STREET ADDRESS **6055 TECHNOLOGY DR** W MELBOURNE FL 32904 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE ☐ Change TITLE NAME UPTON, SHELLEY NAME STREET ADDRESS STREET ADDRESS 6055 TECHNOLOGY DR CITY-ST-ZIP CITY-ST-ZIP W MELBOURNE FL 32904 Change Addition ☐ Delete TITLE DDF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 M (JeTON

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