

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023239

1. Entity Name

COFFEE GARDEN, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90090 043 ***150.00

Principal Place of Business

Mailing Address

945 FELLSMERE ROAD
SEBASTIAN FL 32958

945 FELLSMERE ROAD
SEBASTIAN FL 32958

00060958



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0908295

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIVETTA, RENE
945 FELLSMERE ROAD
SEBASTIAN FL 32958

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	IHNNEN, LINDA		
9330 85TH STREET			
VERO BEACH FL 32967			
DST	FROST, JILL		
5011 DIXIE HWY, A #206			
PALM BAY FL 32905			
DV	CIVETTA, RENE		
690 BAYHARBOR TERR			
SEBASTIAN FL 32958			

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: *René Civetta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENE CIVETTA

4/25/01 (561) 388-3366

Date

Daytime Phone #

CR2E034 (10/00)