2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092832

1. Entity Name

LACEY'S GOURMET CAFE, INC.

FILED
00 JUN 28 AM 10: 17
SECRETARY OF STATE
TALLAHASSEE FLORIDA
C0096655

Principal Place of Business	Mailing Address
427 92nd Avenue N. St.Petersburg, Fl.33702	427 92nd Avenue N. St.Petersburg, Fl. 33702

2. Principal Place of Business	3. Mailing Address
427 92nd Avenue N.	427 92nd Avenue N.
Suite, Apt # etc	Suite, Apt #, etc
City & State: St.Petersburg, Fl.	City & State: St.Petersburg, Fl.
Zip: 33702 Country:	Zip: 33702 Country:

DO NOT WRITE IN THIS SPACE

6/13/00 900053021 #150.00

4. FEI Number: 59-3605362 ☐ Applied For ☐ Not Applicable

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
Lisa M. Martin 427 92nd Avenue N. St.Petersburg, Fl. 33702	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) XX

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Clifton Treadway 427 92nd Avenue N. St.Petersburg, Fl. 33702 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lisa M. Martin 427 92nd Avenue N. St.Petersburg, Fl. 33702 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition KE

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: [signature] Lisa Martin, Vice Pres. 4/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #