

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. 427 92nd Avenue N.
St. Petersburg, Fl. 33702 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 City & State
St. Petersburg, Fl. St. Petersburg, Fl.

Zip Country Zip Country
33702 33702

DO NOT WRITE IN THIS SPACE
6/13/00 90053 001 \$150.00

4. FEI Number Applied For
59-3605362 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 DRI if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

EX

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

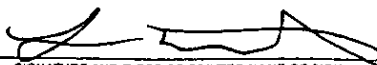
11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	Clifton Treadway	
STREET ADDRESS	427 92nd Avenue N.	
CITY-ST-ZIP	St. Petersburg, Fl. 33702	
TITLE	D	☐ Delete
NAME	Lisa M. Martin	
STREET ADDRESS	427 92nd Avenue N.	
CITY-ST-ZIP	St. Petersburg, Fl. 33702	
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		☐ 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		
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:  Lisa Martin, Vice Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

4/26/00

KE