

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000092832**

1. Entity Name

LACEY'S GOURMET CAFE, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90053 048 \*\*\*150.00

0357412

Principal Place of Business

427 92ND AVENUE N.  
ST PETERSBURG FL 33702

Mailing Address

427 92ND AVENUE N.  
ST PETERSBURG FL 33702

00048303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1704 CLEARWATER/LARGO RD.

3. Mailing Address

1704 CLEARWATER/LARGO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

CLEARWATER, FL

City &amp; State

CLEARWATER, FL

4. FEI Number

59-3605362

Applied For

Not Applicable

Zip

33756

Country

Zip

33756

Country

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

6. Name and Address of Current Registered Agent

MARTIN, LISA M  
427 92ND AVENUE N.  
ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

LISA M. MARTIN

Street Address (P.O. Box Number is Not Acceptable)

1704 CLEARWATER/LARGO ROAD

City

CLEARWATER

FL

Zip Code

33756

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

2-15-01

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

TITLE D ☒ Delete  
NAME TREADWAY, CLIFTON  
STREET ADDRESS 427 92ND AVENUE N.  
CITY-ST-ZIP ST PETERSBURG FL 33702TITLE D ☐ Delete  
NAME MARTIN, LISA M  
STREET ADDRESS 427 92ND AVENUE N.  
CITY-ST-ZIP ST PETERSBURG FL 33702TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition  
NAME MARTIN, LISA M.  
STREET ADDRESS 1704 CLEARWATER/LARGO ROAD  
CITY-ST-ZIP CLEARWATER, FL 33756TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA M. MARTIN, President

Date

Daytime Phone #

CR2E034 (10/00)