

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90051 048 \*\*\*150.00

**DOCUMENT # V16406**

**1. Entity Name**  
**COFFEE CUP RESTAURANT, INC.**



**Principal Place of Business**  
**4407 HUBERT AVE**  
**TAMPA FL 33614**

**Mailing Address**  
**4407 HUBERT AVE**  
**TAMPA FL 33614**

**2. Principal Place of Business**

**Coffee Cup Restaurant**  
Suite, Apt. #, etc.

**3. Mailing Address**

**4407 N. Hubert Ave**  
Suite, Apt. #, etc.

**City & State**

**Tampa FLORIDA**

**City & State**

**Tampa FL**

**Zip**

**33614**

**Country**

**HILLS BORO**

**Zip**

**33614**

**Country**

**USA**

**4. FEI Number**

**59-3108463**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**DRIZIS, JIMMY**  
**1377 STRATFORD DR**  
**CLEARWATER FL 34616**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Jimmy Drizis*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**1-22-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **DP** ☐ Delete  
**NAME** **DRIZIS, JIMMY**  
**STREET ADDRESS** **1377 STRATFORD DR**  
**CITY-ST-ZIP** **CLEARWATER FL 34616**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. 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**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Jimmy Drizis*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)