2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like

SIGNATURE:

Apr 28, 2002 8:00 am Secretary of State DOCUMENT # V55065 1. Entity Name 04-28-2002 90784 035 ***150.00 VENICE WINE & COFFEE COMPANY Principal Place of Business Mailing Address 201 W VENICE AV 201 W VENICE AV VENICE FL 34285 VENICE FL 34285-193T 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For ity & State 4. FEI Number 65-0352078 venice ENICE Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAEGER-DRUM, HEIDE Street Address (P.O. Box Number is Not Acceptable) 201 W VENICE AV VENICE FL 34285 Zip Code City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Jaeger-Drum, Heide CR2E034 201 SILVER LAKE DRIVE #201 VENICE FL 34292-4536 STREET ADDRESS STREET ADDRESS 772 BIRD BAY DR N 201 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 [] Addition ☐ Delete TITLE TITLE NAME NAME Drum, Kenneth L. 201 SILVER LAKE DRIVE #201 STREET ADDRESS STREET ADDRESS 772 BIRD BAY DR N 201 CITY-ST-ZIP CITY-ST-7IP VENICE FL 34292 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

KENNETH L

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED